### Status Change Request

**New York Medical College**

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>Last Name</th>
<th>First</th>
<th>Mi</th>
</tr>
</thead>
</table>

#### Withdraw

- **Effective Date** __________________________
- □ from Institution
- □ from Program Only  
  Program __________________________
- □ Transfer out
- □ Dismissed
- □ Other (specify) __________________________

**Comments** __________________________________________

#### Leave of Absence

- **Effective Date** __________________________
- Requesting a leave for:  
  □ Fall ______
  □ Spring ______
- Anticipated Return:  
  □ Fall ______
  □ Spring ______
  □ Summer ______

**Reason**

- □ Academic Remediation
- □ Financial
- □ Health
- □ Joint Degree Program Study
- □ Research Participation
- □ Special Studies/Research
- □ Other (specify) __________________________

**Comments** __________________________________________

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**Dean’s Office Use Only**

(for Bursar & Financial Planning)

<table>
<thead>
<tr>
<th>Tuition/Credits</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

Processed by_________ Date ________

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**For Office Use Only**

<table>
<thead>
<tr>
<th>Is student registered?</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

Processed by_________ Date ________

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**Status Change Reasons**

**Academic Reasons** – due to academic difficulty

**Financial Reasons** – due to financial difficulty

**Health Reasons** – due to health reasons

**Joint Degree Program** – student is completing requirements for the additional degree being pursued in conjunction with the MD degree

**Research Participation** – student is working on research not related to joint degree program studies

**Special Studies/Research** – student is taking part in special studies

**Other Reasons** – due to personal, unknown or other reasons

Please attach Add/Drop form if applicable