STATUS CHANGE REQUEST
New York Medical College

[ ] Graduate School of Basic Medical Sciences
[ ] School of Health Sciences & Practice

Student ID Number _____ Last Name _____ First _____ Mi _____

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 _____

_____ _____
Student's signature Date

_____ _____
Dept. Chair or Program Director's signature Date

_____ _____
Dean's signature Date

DEAN'S OFFICE USE ONLY
(for Bursar & Financial Planning)

Tuition/Credits_____

_____

Fees ☐ Yes ☐ No

Health Insurance ☐ Yes ☐ No

Processed by_____ Date _____

FOR OFFICE USE ONLY

Is student registered? ☐ Yes ☐ No

Processed by_____ Date _____

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