

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Change in Student Status Form

Instructions: This form is used for any student who is dismissed, on leave or officially withdrawn from his/her program for any reason.

Student Information			
Student Last Name		Student ID #	
Student First Name		Student Phone #	
UTHSC email		Current Term	
Program		Degree Sought	
College			
Reasons for Dismissal or Withdrawal (Check only one box)			
Dismissal		Withdrawal	
Academic Dismissal	<input type="checkbox"/>	Leave of absence	<input type="checkbox"/>
Conduct Dismissal	<input type="checkbox"/>	Matriculated/Failed to attend	<input type="checkbox"/>
Honor Code Dismissal	<input type="checkbox"/>	Ceased Attendance	<input type="checkbox"/>
College Dean(or Designee) Approval/Acknowledgment			
Signature _____			
Date _____			
Date of Student's Last Attendance: _____			
Withdrawal Effective Date: _____			
Possibility of Readmission:			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes is checked please complete the following):			
Anticipated Return Date _____			
Student should retain Net ID and student ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student should retain access to Blackboard/Notes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Return only after re-application for admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Student Signature (Required when student requests leave)

I understand that by signing this form I am withdrawing for courses for the term specified and my status will be changed from enrolled to withdrawn. If I decide to resume my studies I must first make contact with my college and must adhere to the directions assigned at the point regarding resumption of my studies.

This withdrawal does not absolve me from any outstanding obligations to the University (return of borrowed equipment, library books, payment of fees, tuition, etc.). I am aware that this withdrawal may affect my financial status and I take full responsibility for any additional financial obligations that may result from my withdrawal.

I understand that my withdrawal is not complete until I have consulted with a financial aid counselor and turned in University property as appropriate (e.g. locker key, parking access and in some instances ID badges.)

Student Signature _____ Date _____

Office of Registrar Receipt Confirmation

Receipt Date:

Processed Date:

Processed By (Signature)

Offices Notified

Financial Aid	<input type="checkbox"/>	Library	<input type="checkbox"/>
Admissions	<input type="checkbox"/>	Blackboard (if appropriate)	<input type="checkbox"/>
College Designee	<input type="checkbox"/>	ITS (if appropriate)	<input type="checkbox"/>
Campus Police	<input type="checkbox"/>	Bursar	<input type="checkbox"/>
		GEB (Locker keys)	<input type="checkbox"/>