GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE - CINCINNATI, OHIO
CHANGE OF STATUS FORM

(1) COMPLETE A: DIRECTORY INFORMATION (2) B: COURSE CHANGES AND/OR C: EXIT/LOA

A

DIRECTORY INFORMATION

*Name:_____
(Last) (First) (MI)

Address_____
(Street) (City) (State) (Zip)

IS THIS A NEW ADDRESS? _____ Phone: (_____)_____
Yes/No

Cell Phone (_____)_____ Email Address_____

NAME- FROM: _____TO: _____

Date Submitted:
_____/_____/_____
Date Effective:
_____/_____/_____

Original:

Sonis Update_____

Registrar Notification

B

COURSE CHANGES (Add/Drop Fee Applies) DATE___/_____/____

	COURSE #	SEC.	COURSE TITLE	SEMESTER
DROP:				
ADD:				

STUDENT SIGNATURE:

_____

ACADEMIC APPROVAL

_____

REGISTRAR SIGNATURE:

_____

Original: Registrar

Notification:
E-mail-Add/Drop e-mail list

C

EXIT ___ LEAVE OF ABSENCE ____ OFFICIAL DATE___/___/___

	INITIALS	DATE
*Academic Approval	_____	_____
*Dean of Enrollment Management	_____	_____
*Bursar	_____	_____
*Financial Aid Office	_____	_____
*Health Sciences Library	_____	_____
*Registrar	_____	_____

ID Badge _____ Parking Pass _____

REASON FOR EXIT/LEAVE _____

*STUDENT SIGNATURE_____

*OFFICIAL SIGNATURE _____

Notes/Comments:_____

_____

This section must be completed by students who exit or are granted a Leave of Absence from the program or transcripts cannot be released.

Original: Registrar

Notification:
E-mail-Std. Status Update List

Revised 10/20/2011