

Change of Status Form

Student Name: _____ Student ID: _____

Please select all that apply.

Campus*: Current: _____ New: _____

Program: Current: _____ New: _____
 LDA: _____ Date/Semester Start: _____

Major: Current: _____ New: _____

*Change of campus requires the following: new degree completion plan, advisor or student services, financial aid office and dean approvals.

Add a Minor or Concentration: New Minor/Concentration: _____

Add a Certificate: New Certificate: _____

Change from Associate to Baccalaureate Degree OR from Baccalaureate to Associate Degree:

Current Degree: _____ New Degree: _____
 Credits Earned to Date: _____ Student's GPA: _____

Add a Dual Degree or Major:

Primary Degree: _____ Primary Major: _____
 Secondary Degree: _____ Secondary Major: _____

Cohort Transfer:

Old Cohort #: _____ Last Course Taken: _____
 New Cohort #: _____ First Course Taken: _____

Other, please explain: _____

Have you applied for, or are you receiving Financial Aid? Yes No VA Benefits? Yes No

Signatures:

Student: _____	Date: _____
Advisor(Buffalo): _____	Date: _____
Student Services(Roch): _____	Date: _____
Financial Aid(Buffalo): _____	Date: _____
Financial Aid(Roch): _____	Date: _____
Dept. Chair/Program Director _____	Date: _____
VPAA: _____	Date: _____