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Change in Status Form

Date: _____

Student Name: _____

Advisor: _____

Term/Terms Affected: _____

Status Change: _____

Detailed Information (specify source: index/funds): _____

Signature: _____
Student

Signature: _____
Advisor

Signature: _____
Sponsor (if different then Advisor)

Signature: _____
Department Head

*Fill out and return to Graduate Coordinator by Week 4.