



Student Status Change Form		Date:
Student Information		
Student Name:	Program Enrolled/Year:	

To Be Completed By School Official			
Academic Probation: <input type="checkbox"/> on <input type="checkbox"/> off	Effective Date:	Current GPA:	Cumulative GPA:
Academic Warning: <input type="checkbox"/> on <input type="checkbox"/> off	Effective Date:	Current GPA:	Cumulative GPA:
Dismissal - Academic: <input type="checkbox"/> Dismissal - Disciplinary: <input type="checkbox"/>	Please provide permanent address:		
Effective Date:	Please provide non-EVMS email address:		
Change in Enrollment Status: <input type="checkbox"/> Half Time <input type="checkbox"/> Less than Half Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Effective Date:		
Student has met all degree requirements: <input type="checkbox"/>	Effective Date:		
Change in Graduation Term: <input type="checkbox"/>	From: Term/Year:	To: Term/Year:	
	New expected graduation date:		
Change in Residency Status: <input type="checkbox"/> (out-of-state to in-state)	Effective Date/Term:		
Health Professions Program Director Signature:		Date:	
Vice Dean for Academic Affairs or Associate Dean for Student Affairs Signature:		Date:	

Registrar Signature:
Date:CNS Updated Notification sent via PDF