

Change of Data Request

<http://www.admissions.ouhsc.edu/forms/changedata.pdf>

OAR Use Only

College/Major: _____

Processed by: _____

Date: _____

☐ Dentistry ☐ Medicine ☐ Physician Associate Effective Action Date: _____

Student Name (please print)			ID Number	Sem/Year	Y I P
Last	First	Middle			
<input type="checkbox"/> Admitted but not coming		<input type="checkbox"/> Admitted--delay enrollment		<input type="checkbox"/> Deceased	
<input type="checkbox"/> Dismissed		Reason			
<input type="checkbox"/> Placed on probation		Reason		<input type="checkbox"/> Removed from probation	
<input type="checkbox"/> Canceled before class began		Reason			
<input type="checkbox"/> Withdrawn by college		Reason			Last day of class
<input type="checkbox"/> Requested withdrawal after classes began		Reason			Last day of class
<input type="checkbox"/> Leave of absence		From (MM/DD/YYYY)	To (MM/DD/YYYY)	<input type="checkbox"/> Return from leave of absence	
<input type="checkbox"/> Elected not to return		Reason			Last day of class

RE-EXAMINED COURSE(S)

Department	Course Number	Section Number	Course Title	Clk Hrs	Grade

EXEMPT COURSE(S)

Department	Course Number	Section Number	Course Title	Clk Hrs	Grade

REPEATED COURSE(S)

☐ Repeating, will repeat all course work for year in program: _____ If no, list courses to be repeated below

Department	Course Number	Section Number	Course Title	Clk Hrs	Grade

REMEDIED COURSE

Name & address of remediating university, list course below

Date(s) attended

Department	Course Number	Section Number	Course Title	Clk Hrs	Grade

Approved by

Date

Copies to: ☐ Admissions ☐ Records ☐ Bursar ☐ Library ☐ Financial Aid ☐ Other