



Change of Data Request

Dentistry Medicine Physician Associate Pharmacy Effective Action Date: _____

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Withdrawn by college	Reason			Last day of class	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

RE-EXAMINED COURSE(S)					
Department	Course Number	Section Number	Course Title	Cr/Clk Hrs	Grade

EXEMPT COURSE(S)					
Department	Course Number	Section Number	Course Title	Cr/Clk Hrs	Grade

REPEATED COURSE(S)					
Repeating, will repeat all course work for the year in program: _____ If no, list to be repeated below					
Department	Course Number	Section Number	Course Title	Cr/Clk Hrs	Grade

REMEDIAED COURSE					
Name & Address of remediating university, (if completed at another institution) list course below				Date(s) attended	
Department	Course Number	Section Number	Course Title	Cr/ Clk Hrs	Grade

Approved by	Date:
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Copies to: Recruitment & Admissions Bursar Financial Aid