



GOODWIN COLLEGE OFFICE OF THE REGISTRAR

Enrollment Status Change Form

Students: Please check off all that apply

Student Name _____ ID # _____

Address _____ Phone _____

Current Program _____ Start Date _____

I am requesting a program change to _____ starting _____. (new program)

I am requesting a leave of absence from _____ to _____.

I understand that a leave of absence must be documented, that it cannot exceed 180 days, and that if I do not return from the leave on time, I will be financially responsible for resulting balances.

Reason: _____

LOA approved _____ LOA not approved _____ Documentation Rec'd _____

Student signature _____ Registrar signature _____

I am requesting Inactive Status. I understand that I am allowed two semesters of inactivity before I am administratively withdrawn by the Registrar's Office. I also understand that if I do not return to the college, I will be financially liable for any charges incurred during my semesters of active enrollment. I am aware that if I do not return, I may go into immediate repayment for any loans and other borrowed tuition money.

Reason: _____

Student Signature _____

Registrar signature _____

Financial Aid signature _____

Office use only:

This student is a : no start a GRAD as of a completer as of Inactive-Admin from to DROP as of Active

Determination date _____ Last date of attendance _____

Registrar signature _____

