Change of Status - Request Form

Please complete the following information:                  DATE: _____________________________

☐ Mr.  ☐ Ms.

Please Print  FIRST NAME  MIDDLE NAME  LAST NAME

CUID # (Do not put Social Security Numbers)  UNI:  ALTERNATE EMAIL ADDRESS

Provide Updated Address (if needed):

STREET  CITY  STATE  ZIP  COUNTRY  PRIMARY PHONE

Please indicate current Academic Department:  Please indicate the following that applies:

☐ Applied Physics & Applied Mathematics  ☐ U.S. Citizen
☐ Biomedical Engineering  ☐ International Student
☐ Chemical Engineering  ☐ Permanent Resident
☐ Civil Engineering  ☐ CVN Student
☐ Computer Science  ☐ Financial Aid Recipient
☐ Earth & Environmental Engineering  ☐ Fully Funded by Department
☐ Electrical Engineering  ☐ Reside in UAH
☐ Industrial Engineering & Operation Research
☐ Mechanical Engineering

Please indicate the reason for a change of status:  Note: This form can NOT be used for the following:

SECTION
A  ☐ Advance Standing Request  • Withdrawal Requests
B  ☐ Degree Level Change (Lower)  (request a withdrawal form)
C  ☐ Degree Concentration Change  • Degree Level Change (Higher)
D  ☐ Leave of Absence Request  (request an “Application for Current Students”)
E  ☐ Readmission Request  • Change of Academic Department
                             (request an “Application for Current Students”)
                             • Reactivation of a previous Application
                              (request a “Reactivation Application”)

Supplemental Forms are available in 524 Mudd

DEPARTMENTAL APPROVAL:  GRADUATE STUDENT SERVICES APPROVAL:

Print Name: _____________________________  Print Name: _____________________________
Signature: _____________________________  Signature: _____________________________
Date: _____________________________  Date: _____________________________
SECTION A: ADVANCE STANDING REQUEST
(to be completed by Academic Department)

The student named has been allowed:

_____ points of Advance Standing toward fulfillment of their degree program.
_____ residence unit(s) toward fulfillment of the Ph.D. degree.

This advance standing is allowed on the basis of graduate or professional work listed below:

Institution: ___________________ Graduation Date (if applicable): ______________

Note: Advance Standing towards the MS degree must be from 4000 level courses or above, taken at Columbia University only, and can not have been counted towards a previous degree. No more than 15 points of advance standing will be awarded. Transcript (and program plan) may be required. Please attach a supplemental list of the courses that are being requested towards advance standing.

Note: Advance Standing towards the Professional, or Doctoral degrees must be from 4000 level courses or above, taken at Columbia University only, and can not have been counted towards a previous degree. Please attach a supplemental list of the courses that are being requested towards advance standing. Students possessing a conferred MS degree may be awarded 30 points of advance standing, and 2 residence units towards their Ph.D. with departmental approval. Transcript (and program plan) may be required.

SECTION B: DEGREE LEVEL CHANGE – LOWER
(to be completed by Academic Department)

The student named has been granted permission to change to a lower degree status within the department.

From: ☐ Special ☐ MS ☐ MS/Ph.D. ☐ Professional ☐ DES ☐ Ph.D

To: ☐ Special ☐ MS ☐ MS/Ph.D. ☐ Professional ☐ DES* ☐ Ph.D.*

*Students changing from the DES to Ph.D. or from the Ph.D. to DES can only change their degree status once and must be completed within the first year of study.

SECTION C: DEGREE CONCENTRATION CHANGE
(to be completed by Academic Department)

From: ___________________ To: ___________________

*Concentration changes can only occur in the same department the student was admitted to.

SECTION D: LEAVE OF ABSENCE REQUEST
(to be completed by student)

I request a leave of absence for the following academic period (Begin Date): ____________________________
I am requesting to return to classes from the leave of absence (Return Date): ____________________________

The following conditions must be met:

- Attach a written and signed statement containing an explanation for the request to a leave of absence.
- Students must be degree candidates, have completed 1 semester of study, and have a minimum G.P.A. of a 2.5.
- Students must be aware that students on leaves, other than medical, relinquish their housing at UAH.
- Students who fail to return, or fail to register upon return from an approved leave of absence will be withdrawn from Columbia.
- Student must be aware that the maximum approved leave is for 1 year, or 2 semesters.

Print Student’s Name: ____________________________ Sign that you’ve read/agree to conditions: ____________________________

SECTION E: READMISSION REQUEST
Student Section: Request must be submitted within the degree completion time period from the original start of graduate study.

Term Requesting Readmission: ________________ Original Admission Date: ________________
Previous Degree Level: ________________ Academic Department: ________________

Departmental Chair Approval:

Readmit Decision: ☐ YES ☐ NO Degree Level: ________ Term: ☐ FALL ☐ SPRING 20 YEAR

Department Chair Signature: ____________________________ Date: ____________________________