CHANGE OF STATUS FORM
PROFESSIONAL STUDIES PROGRAM

Center for Professional Studies ●Keuka College ●Keuka Park, NY 14478 ●Phone:866-255-3852 ●Fax:315-279-5407

Student Name	Cohort Number and Major	Location

Student Address_____

City, State, Zip_____

Home Phone_____ Work Phone_____

Student ID_____ SS#_____

Student will be notified of final processing via their Keuka email account

Your change of status may affect your financial aid. Please contact the financial aid office for more information

Check the appropriate item and add the information requested:

☐ Withdrawal from the College. Indicate your date of last attendance:_____

☐ Withdrawal from _____ course. Indicate your date of last attendance:_____

☐ *Change of Cohort. Identify the cohort that you will be joining:_____
A new registration from is required to complete this change

☐ *Return to Active Status.
A new registration from is required to complete this change

Briefly state the circumstances prompting your change of status:

_____ _____
Student Signature (required) Date

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

_____ _____
Director of Student Services' Signature Date

_____ _____
Registrar's Signature Date

Documented date of withdrawal_____

* Fee to be charged associated with this request: ☐ $150.00 ☐ Waived (waiver requires initials)_____

Distribution: CPSIP, Registrar's Office, Financial Aid, Student Accounts

Revised Date: 11/16/07