



SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

CHANGE OF STUDENT PROGRAM STATUS

First Name _____ Middle Name: _____ Last Name: _____

Student ID#: A00 _____ Program/Major: _____ If Joint Program, Affiliate: _____

Daytime Phone #: (____) _____ Home Phone #: (____) _____ Cell Phone #: (____) _____

UMDNJ E-mail Address: _____ Expected Graduation Date _____

*** Please see the SN web site for specific details on each of the status options below. Program Approval may be necessary for a change of status ***

Student Status Change Effective for Term: Fall Spring Summer Year: _____

Did you receive UMDNJ financial aid this term? Yes No

Please select the specific reason for the Change of Student Status:

Requesting to be placed on Continuing Program Status (Program approval required)

Requesting to be placed on Maintaining Matriculation (Program approval required) Please select one of the following reasons...

Will be working on incomplete(s) from a previous term

Course(s) (i.e. Nurs 5100G sec 00W): _____ Original term incomplete(s) was granted: _____

Have Completed Degree Requirements while not taking any other course work and am awaiting next graduation date

Requesting an official Withdrawal from Course(s) (Program approval required) Effective Date of Withdrawal: _____

Course(s) withdrawing from (ex. Nurs 5100G Section 00W): _____

Requesting an official Withdrawal from School/Program (Program approval required) Effective Date of Withdrawal: _____

Requesting an official Leave of Absence (Program approval required) Reason: (ie Medical, Financial, Military...) List reason in comments section.

Effective Date of LOA: _____ Expected Date /Term of Return from LOA: _____

Requesting a Change of Major (List reason in comments section.) Current Track _____ New Track _____

New Track Coordinator Signature _____ Date: _____

Returning from a Leave of Absence**** or

Returning from Continuing Program Status

*Please select how you currently register

I am a Traditionally Registering Student (Student Self Registers)

Please reactivate my account for the following term(s) (i.e. Summer 2008 & Fall 2008): _____

I am a Batch Registered Student (Enrollment Services Registers) In the comments section below, please advise term and year (i.e. Fall 2008) you are returning as well as the block of courses you should be registered for.

**** Students with conditions for returning from a LOA , will have needed to meet those conditions to be able to return to re-enroll

Comments:

Student Signature: _____ Date: _____

Track Coordinator /Advisor Signature: _____ Date: _____

Return form to School of Nursing Enrollment Services • 65 Bergen Street, Room 152 • PO Box 1709 • Newark, NJ 07101

Phone: 973-972-5336 • Fax: 973-972-7453

ENROLLMENT SERVICES USE ONLY Enrollment Services signature _____ Date Processed _____

http://sn.umdnj.edu