



Returning Student Notification Form

Return this form, with all signatures, to the Registrar's Office to request a change in student status.

Student Name: _____ Program and Year in School: _____

Address: _____ Phone Number: _____

College Advisor: _____

New graduation term/Year: _____

Estimated date of return from a Voluntary Leave of Absence: _____

Estimated date of return from a Medical Leave of Absence: _____

I have read and understood the policy and procedures outlined in the Student Handbook with regards to returning from a Voluntary/Medical Leave of Absence.

STUDENT SIGNATURE: _____ Date: _____

DEAN OF STUDENTS (503-552-1510)

The request for above action is: Approved Denied

Signature: _____ Date: _____

PROGRAM DEAN ND: (503-552-1761) CCM: (503-552-1507)

The request for above action is: Approved Denied

Signature: _____ Date: _____

FINANCIAL AID (503-552-1617)

Signature: _____ Date: _____

BUSINESS OFFICE (503-552-2010)

Signature: _____ Date: _____

REGISTRAR'S OFFICE (503-552-1603)

Student in Good Academic Standing: Yes No Database Date change: _____

Signature: _____ Date: _____

Files Moved Mailbox Assigned Registration Info sent

Completed Copies sent to: Business Office Financial Aid Dean of Students College
Advisor TB Coordinator Program Dean IT Information Desk

Updated: 8/10/09 kk