**Request for Change of Status**

Complete and return this form to: Office of Academic Affairs
Eastman School of Music
26 Gibbs Street, Rochester, NY 14604

<table>
<thead>
<tr>
<th>Name</th>
<th>Student URID#</th>
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<td>Last, First</td>
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- **Graduate** □  
- **Undergraduate**: Class ______  
- **Gender**: □ Male □ Female

**Degree/ Major Program**: ________________  
**Major Instrument**: ____________________

**Applied Teacher/Advisor**: ____________________

**Local Address**: ____________________

**Permanent Address**: ____________________

**Phone Number**: ________________  
**Email**: ____________________

- **Are you a dual degree student?** □ YES □ NO

- **If yes, what is your primary campus?** □ ESM  □ River Campus

- **Are you an International student?** □ YES □ NO

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**Leave of Absence**:  
**Will be away:** □ Fall 20______ □ Spring 20______

- □ Inactive Status: Work
- □ Inactive Status: Military Service
- □ Inactive Status: Medical Leave***  
- □ Inactive Status: Other: ____________________

***A medical leave requires the approval of the University Health Service (UHS) or University Counseling Center (UCC). In addition to completing this form for the Office of Academic Affairs, please contact Michelle Livingston at (585) 275-2679 or mlivingston@uhs.rochester.edu to discuss the process for obtaining the proper approval from UHS/UCC.

**Withdrawal**:  
- □ Administrative: Involuntary Separation
- □ Medical
- □ Military Service
- □ Other: ____________________
- □ Transfer to: ____________________

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In applying for a leave of absence/withdrawal, I verify that my last day of attendance in any classes at the Eastman School of Music was ________________.

**Date (month/date/yr.)**

**Student’s Signature**: ____________________  
**Date**: ____________________

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A processing fee of $100 will be charged for each semester of inactive status. Students leaving during the academic year are required to turn in room keys, ID cards and complete all other residence hall check-out procedures within 72 hours following the effective date.

Fees are pro-rated at the same rate as tuition, with the exception of the Mandatory Health Fee and Health Insurance premiums. These UHS fees are generally not refundable.
Office of Academic Affairs

For Office Use Only:

Effective date:

☐ End Term I  20___-____  ID card returned?  ☐ YES  ☐ NO
☐ End Term II  20___-____
☐ Other:____________________  Date of Determination:_______________

(Effective Date)

__________________________  ______________________
Student Name  Student URID

The student above has:  ☐ withdrawn
☐ been placed on inactive status

☐ per schedule
☐ no refund
☐ other:

Comments:

________________________________________  ______________________
Authorized Signature:  ___________________________  Date:  ________________