**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 M.I.</td>
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- Undergraduate: Class _______  Graduate Gender: □ Male  □ Female
- Degree/Major Program: ____________________  Major Instrument: ____________________
- Applied Teacher/Advisor: ____________________
- Local Address: ____________________
- Permanent Address: ____________________
- Telephone #: ____________________  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

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

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: ____________________

Note: 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.
Effective date:

☐ End Term I  20____-____  ID card returned?  ☐ YES  ☐ NO
☐ End Term II  20____-____
☐ Other:_________________  Date of Determination:______________

(Effective Date)

__________________________________________  ________________
Student Name  Student ID #

The student above has:  ☐ withdrawn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

☐ per schedule for students enrolled in their first term: tuition, all fees, and room and board
☐ per schedule for students enrolled beyond their first term: tuition, all fees, room and board
☐ pro-rate: tuition, health fee, room and board
☐ no refund
☐ other:

Comments:

__________________________________________  ________________
Authorized Signature: ____________________________  Date: ________________