

CHANGE OF STATUS FORM



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Name _____ Today's date _____

Address _____

Social Security# _____ Email _____

Is the above address a change in current information? Yes No

1. Check applicable box
2. Fill in appropriate information
3. Obtain necessary signature(s)
4. Sign and date bottom of form

NAME CHANGE

Previous name _____ New name _____

PROGRAM OR DEGREE CHANGE

From _____ Signature _____
Chairperson/Program Coordinator

To _____ Signature _____
Chairperson/Program Coordinator

INTERIM (one semester only)

Fees: Master's programs: \$150 assessed each Fall and Spring; \$80 assessed during summer semester
Doctoral programs: \$200 assessed each Fall and Spring; \$100 assessed during summer semester

Please explain reason for interim status _____

Semester returning to Antioch _____ of _____
Semester Year

LEAVE OF ABSENCE (up to three semesters)

Fees: Master's programs: \$250 Doctoral programs: \$350

Please explain reason for leave of absence _____

Semester returning to Antioch _____ of _____
Semester Year

WITHDRAWAL (please refer to Student Handbook for withdrawal and refund policies)

Please explain reason withdrawing from Antioch _____

I plan to finish coursework/internships/practica for the current semester. Yes No
(if this form is submitted while classes are in session)

Student signature

Date

Chairperson/Program Coordinator

Date