



School of Social Work

Status Change

To be completed by the Director of Student Services or
Assistant Dean for Off-Campus & Online Programs, with the student if possible

Name: _____

BU ID#: U_____

Email: _____@bu.edu

Current Campus: CRC OCP OLP

Phone: _____

Advisor: _____

Credits Earned to Date: _____

Change Status: from _____-time to _____-time

Change Campus to: CRC OCP OLP

Effective _____ Semester, 20_____

- Change in status is effective for: One (1) semester only
 One (1) year only
 Through completion of the program

Revised date of graduation: _____

Revised program on file

New advisor assignment if needed: _____

Notes:

Student Signature

Date

Authorized Signature

Date

- Registrar Informs: Student Services Current Advisor
 Field Education New Advisor
 Off Campus Program Online Program