



Athena Career Academy

Student Status Change Form

This form will be initiated for any change in the student's status. The form should be routed to the office of Data Analytics. The office of Data Analytics will complete and route to Business office and Financial Aid. Thereafter, follow distribution on the bottom of the form. The final copy, with all required signatures, should be placed in the student's file. The minimum lines necessary for completion are noted in parenthesis (Next to each type of change).

1. _____ NAME	6. _____ ORIGINAL START DATE	11. _____ ORIGINAL COHORT
2. _____ ADDRESS	7. _____ LAST DAY OF ATTENDANCE	12. _____ MOST CURRENT COHORT
3. _____ - _____ - _____ SOCIAL SECURITY NO. (STUDENT # IF NECESSARY)	8. _____ SCHOOL DETERMINED WITHDRAWAL (LOA) DATE	13. _____ PROPOSED REENTRY (LOA) DATE LOA - Cannot exceed 180 Days
4. (____) - ____ - ____ (H) (____) - ____ - ____ (C) TELEPHONE NO.	9. _____ TOTAL COMPLETED COURSE HOURS	14. _____ NEW GRADUATION DATE
5. _____ PROGRAM	10. _____ MOST CURRENT REENTRY DATE	14a. _____ NEW COHORT (ReEnter - ReTake)
	14b. Class Sign in Sheet - LDA <input type="checkbox"/> Yes <input type="checkbox"/> No (WITHDRAW - LOA)	

Type of Change

- | | |
|---|---|
| <input type="checkbox"/> Change of Name (1,3,5,11,22) | <input type="checkbox"/> ReEntry (1-13, 17-22) |
| <input type="checkbox"/> Change of Telephone (1,3,4,5,11) | <input type="checkbox"/> Academic Probation (1, 3, 5, 22) |
| <input type="checkbox"/> Change of Address (1,2,3,5,11) | <input type="checkbox"/> Attendance Probation (1, 3, 5, 22) |
| <input type="checkbox"/> Leave of Absence (Attach LOA Request) (1-14b) | <input type="checkbox"/> Graduate (1-7, 9, 11-12) |
| <input type="checkbox"/> Returning from LOA (1-22) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Withdrawal (1-14b) | |
| <input type="checkbox"/> Academic <input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Electronically Filed Withdraw: ____/____/____ | |
| <input type="checkbox"/> Failed Course: _____ | <input type="checkbox"/> Retaking Course(s): _____ |

- | | |
|---|--|
| 15. Amount Needed to Reenter _____ | 19. Revised Monthly Pay Required? YES NO |
| 16. New Enrollment Agreement Signed if Required? YES NO | 20. Next Financial Aid Appointment Date: _____ |
| 17. Financial Aid Current? YES NO | 21. Next Bus. Off. Appointment Date: _____ |
| 18. Refunds to Lender Required? YES NO | |

Explanation of Change

22. _____

I hereby authorize Athena Career Academy to amend my student information to reflect the changes above.

Student _____ Date _____

Please sign below when all requirements are completed in your department for the student's change of status to be processed.

Program Director _____ Date _____

Director Data Analytics _____ Date _____

Controller _____ Date _____

Financial Aid Manager _____ Date _____