

**G.C. FOSTER COLLEGE OF
PHYSICAL EDUCATION & SPORT**
ANGELS SPANISH TOWN P.O., ST. CATHERINE



A SOUND MIND IN A SOUND BODY

CHANGE OF STATUS FORM

Name of Student _____
(BLOCK LETTERS- SURNAME, FIRST NAME, MIDDLE NAME)

ID.# _____ Tel. # _____

Programme of Study _____

Check the appropriate box for Transfer, Withdrawal or Leave of Absence. If you need to make additional comments, please use a separate sheet of paper and attach it to this form.

I am withdrawing from GC Foster College as of _____.(date)

I am requesting a leave of absence from GC Foster College.(One year maximum leave)
 One Semester (Indicate Semester) _____
 One Year (Indicate Semesters) _____

I am requesting a transfer from:
 Part-time to Full-time _____
 Full-time to Part-time _____

Reason(s) for Transfer, Withdrawal or Leave of absence:

Personal Financial
 Medical Other _____
 Transferring to Another School _____

Signature _____ Date _____

OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

Withdrawal Leave of Absence Conditional Leave of Absence Transfer

Last Date of Class Attendance _____ Effective Date of Withdrawal _____

Date of Transfer _____ Reason for Leave of Absence _____

Effective Date of Leave _____ Date of Return** _____

***You must notify the College of your intent to return by the above date or be deemed withdrawn from the College without further notice to you.*

Authorized Signature _____ Date _____

ACCOUNTS DEPARTMENT ONLY:

Tuition Paid _____ Refund (if any) _____ Fee Adjustment _____

Authorized Signature _____ Date _____