# Krieger School of Arts and Sciences - Graduate Student Termination/ Withdrawal*/Intra-University Department Transfer Form

Graduate Student's Name (Last, First): _____

Graduate Student's Hopkins ID #: _____ Degree Program: _____

Matriculation Date: _____ Effective Date of Change in Student Status:_____

☐ **Termination**

- ◉ Path 1: There was an appropriate probation or justified termination without probation (please read the policy here: **Graduate Student Probation, Funding Withdrawal and Dismissal Policy**)
- ○ Path 2: A copy of any probation and probation outcome documentation must be included with this form

☐ **Voluntary Withdrawal** (student has elected to withdraw or has not registered for classes/responded to requests to register)

- ○ Path 1: Documentation of the student's desire to withdraw voluntarily must be included with this form
- ○ Path 2: if the withdrawal is due to an unresponsive student, program must provide documentation of communication efforts to reach the student

☐ **Degree Program Transfer (Intra-University Department)**

- ○ Path 1: Student has applied and been accepted to another JHU degree program and wishes to continue solely in that new program
- ○ Path 2: PhD student will not be completing the PhD degree, but has applied and been accepted to continue in a Master's program
- ○ New JHU Degree Program (Degree and Program):_____

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- At this point of this request of a change in status, the graduate student has already received a degree from the program: (cite degree and conferral term or cite N/A): _____
- Has **not already received a degree from the program**, but is qualified to receive the following degree and will be added and processed by the department in the next appropriate conferral period **(cite degree and anticipated conferral term or cite N/A):** _____

☐ The department will make timely and appropriate DGA adjustments following the conclusion of this change in status request. Delays may result in departments absorbing costs for tuition and/or health insurance (if past the refund periods).

☐ The department needs to notify the student that there may be ramifications of this status change to their health insurance and visa status (when applicable) and that there may be additional costs or actions involved (ex. Student may have to follow up with the health insurance desk to unenroll from health insurance coverage)

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Signature of Department Chair Date

***After the completion of the above sections, the Department Academic Staff will upload to the appropriate KSAS Office of Graduate Education OneDrive folder***

Approved/Acknowledged By _____ Date _____

KSAS Vice Dean for Graduate Education

**Approvals/Acknowledgments: completed by the KSAS Office of Graduate Education and then forwarded to the registrar's office directly.** Notification of the finalized status change will be sent via email to all Student Service Offices by the Registrar's Office. It is the responsibility of the academic department/program to notify the students that this action has been finalized.