

CIS DOCTORAL STUDENT CHANGE OF STUDENT STATUS FORM

Date _____

I am leaving the University of Pennsylvania and/or the CIS doctoral program either temporarily or permanently.

The reason I am leaving is (*check a, b, c, d, or e below*):

(a) ___ graduation; date of graduation: _____

(b) ___ to commence employment prior to completion of thesis; enrollment will continue, but stipend will terminate.

Date stipend should be terminated: _____

Tuition to be paid by (*circle one*) advisor student not applicable/exempted

Health insurance to be paid by (*circle one*) advisor student not applicable

Date of expected graduation: _____

(c) ___ leave of absence or withdrawal from CIS doctoral program.

Date funding should be terminated: _____

(d) ___ pursuing internship for the period _____

Students will not receive funding during a paid internship.

Date funding should be terminated: _____

Date funding should be resumed: _____

Is this internship for Curricular Practical Training? (*circle one*) yes no .

(e) ___ Other: _____

Student name: _____

Student signature: _____

Advisor name: _____

Advisor signature: _____

Forwarding points of contact as applicable:

s-mail address: _____

email/phone: _____

Please return completed/signed form to Mike Felker, Moore/GRW 172. mfelker@cis