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**You must notify the College of your intent to return by the above date or be deemed withdrawn from the College without further notice to you.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