

Change of Status Form

Student's ID Number _____ Student's Name _____

Course(s) _____

Check the appropriate box(es) and provide the necessary information:

(Please include City and Country Code if outside United States.)

Change **Student's Name** to: _____

Change **Student's Address** to: _____

Change **Proctor's Name** to: _____

Change **Proctor's Address** to: _____

Please provide the following information about a new **proctor**:

Relationship to the student _____ Phone Number (____) _____

FAX Number (____) _____ E-Mail Address _____

Profession _____ Position _____

Course materials: have been forwarded to new proctor
 are being held pending approval of new proctor

Comments _____

Signature Date

Please return this form with a submitted assignment
or mail directly to:

UNL Independent Study High School
900 N. 21st Street
Lincoln, NE 68588-8400

You may contact the UNL ISHS at:

Phone: (402) 472-2175
FAX: (402) 472-1901
e-mail: extservice@unl.edu

<i>For UNL Independent Study High School use only.</i>	
Change has been approved.	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No, hold reports until further notice	
_____	_____
IS Asst. Director/Academic Adviser	Date