



STANDARD PERIOD OF NON-ENROLLMENT (SPNE)
For Certificate Programs students' only
Student statement of intent to continue attending classes

Name: _____

Social Security Number: _____

Student ID: _____

Email: _____

Cell Phone: _____ - _____

Certificate Program: _____

I do not wish to attend classes on:

TERM A _____ **TERM B** _____

Corresponding with:

Winter Semester: ____ **Summer Semester:** ____ **Fall Semester:** ____

Year: 2017 ____ **Year: 2018** ____ **Year: 2019** ____

Campus _____

I must return and contact the Registrar's Office to continue classes or withdraw from the University on _____.

Note: Only one Term per Semester is permitted, except for the Summer Semester.

Please initial the following statements:

___ I confirm that I intend to continue my program on the date reflected above.

___ I also understand that I will have withdrawn from the University if I do not return on this specified date and I will be responsible for any balance due.

___ Furthermore, I understand that if my SPNE is during Term B a Return of Title IV will be executed and 50% of my Financial Aid for this semester will be returned to the original source (must likely this will result in a debt on my student account).

Student's Signature

Registrar's Office

Financial Aid Office

Bursar's Office