



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

Name: _____

Social Security Number: XXX- XX-_____

Student ID: _____

Email: _____

Cell Phone: (_____) ____ - _____

Certificate Program: _____

I do not wish to attend classes on:

TERM A _____ TERM B _____

Corresponding with:

Spring Semester: ____ Summer Semester: ____ Fall Semester: ____

Year: 2020 ____ Year: 2021 ____ Year: 2022 ____

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____ I also understand that I will have withdrawn from the University if I do not return on this specified date and I will be responsible for any balance due.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