



Standard Period of Non-Enrollment (SPNE)

Certificate Program students only

Student statement of intent to continue attending classes

Name: _____
Social Security Number: XXX- XX - _____ Student ID: _____
Student Email: _____ Cell Phone: (_____) _____ - _____
Certificate Program: _____

I do not wish to attend classes in:

Year: 20____: Term A Term B

Corresponding with:

Spring Semester Summer Semester Fall Semester

Campus: Hialeah South Training Center

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____ I also understand that I will have withdrawn from the University if I do not return on this specified date and I will be responsible for any balance due.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

X

Student Signature

X

Registrar Office

X

Financial Aid Office

X

Bursar's Office