



STANDARD PERIOD OF NON-ENROLLMENT
Student statement of intent to continue attending classes

Name: _____
Social Security Number: _____-_____-_____
Address: _____

Telephone Number: (_____) _____ - _____ **Home**
(_____) _____ - _____ **Other**
Program: _____ **Day:** ____
Eve: ____

I do not wish to attend classes on:
TERM A _____ **TERM B** _____
Corresponding with:
Winter Semester: ____ **Summer Semester:** ____ **Fall Semester:** ____
Year: 2011 ____ **Year: 2012** ____ **Year: 2013** ____
Hialeah: ____ **South Campus:** ____ **Training Center:** ____ **Distance Learning** ____
I must return and contact the Registrar's Office to continue classes or withdraw from the College on _____.
Note: Only one Term per Semester is permitted, except for the Summer Semester.

I confirm that I intend to continue my program on the date reflected above.
I also understand that I will have withdrawn from the College if I do not return on this specified date and I will be responsible for any balance due.

Student's Signature

Registrar's Office **Financial Aid Office** **Bursar's Office**