



**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: 2010** \_\_\_\_ **Year: 2011** \_\_\_\_ **Year: 2012** \_\_\_\_  
**Campus: Hialeah:** \_\_\_\_ **South Campus:** \_\_\_\_ **Training Center:** \_\_\_\_  
**I must return and go to the Registrar's Office to either receive my schedule 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**I also understand that I will have withdrawn from the College if I do not return on this specified date and I will be responsible for any balance due.**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**