



TEMPORARILY OUT - SUMMER SEMESTER

No class schedule
For Career students

I _____ request to be out of school and not attend classes during the summer semester of the year _____.

The Period of recess starts (mm/dd/yy). _____ / _____ / _____ and I will return to school on (mm/dd/yy) _____ / _____ / _____

I understand and will comply with the following regulations:

- I must pass by the Financial Aid Department to evaluate and acknowledge the financial implications this recess may have.
- When the period out of school ends (Summer), I have to contact the Academic Advising Center or the Registrar's Office to either receive my schedule to continue classes or withdraw from the University.
- In the event I do not return to school, I will be dropped from the University and any refunds due will be made to the appropriate financial aid programs within 30 days of the date I was scheduled to return.
- Expected Graduation date will be delayed with this recess.

Student's Name (print last name, first name)

Student SSN (XXX-XX-XXXX)

Student's Signature

_____/_____/_____
Date

Attended by :

Registrar's Officer

Date

Financial Aid Officer

Date

Bursar's Officer

Date

Remarks: