



Request for Standard Period of Non Enrollment (SPN) or Permanent Resignation from the College

NAME: (F) _____ (M) _____ (L) _____

Date of Birth _____ Current Semester/Year _____ Program Track (BSN or RN-BSN) _____

Non Bon Secours Primary email: _____ Primary phone: _____

I am requesting a:

SPN: requested for one semester

Check one: Fall ___ Spring ___ Year: _____

Permanent Resignation (not returning)

Reason(s) for SPN/Resignation:

Family obligations

Financial barriers

Relocation

Decision to transfer to another higher education institution

Decision to pursue a career other than nursing

Other: _____

Please complete the following before submitting this form to the Office of the Registrar (Permanent Resignation request must complete #3 and #4 below then sign and date):

1. Speak with your Faculty Advisor and a staff member of the Office of Student Success to discuss your situation and what options may exist. (Student Success: 627.5303 or 627.5349)
2. Review ADM 3.07 Standard Period of Non Enrollment (SPN)/Permanent Resignation Policy (<http://bsmcon.edu/students/policies-0>). While on SPN you **may not** enroll at any other College or University.
3. Verify your status with the Office of Financial Aid (627.5301)
4. Settle all financial obligations including fines with the Bursar's Office. Your transcript cannot be released to another institution if your financial account is not clear. (627.5362)
5. Arrange for outstanding general education transcripts to be sent to the Office of the Registrar (address below).
6. For SPN: a hold will be placed on your account. Before returning to the College you must meet with your Faculty Advisor to review your curriculum plan and have the hold removed. Because of changes in your plan we cannot guarantee space but we will work closely with you. Refer to nursing curriculum plan policy 3.02: <http://bsmcon.edu/students/policies-0> (scroll to the bottom of this link for NUR 3.02)
7. If you do not contact the College after one semester of SPN you will be permanently resigned.

I understand the above conditions and will submit this form to the Office of the Registrar (Fax: 627.5411)

Student _____ Date _____ Faculty Advisor _____ Date _____

Dean, Nursing or Designee _____ Date _____

For College Use Only: Date received _____ SIS date _____ LDA _____ July 2017