



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:

Reason(s) for SPN/Resignation:

SPN: requested for one semester

Family obligations

Check one: Fall Spring Year: _____

Financial barriers

Permanent Resignation (not returning)

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 Student Success Advisor or a staff member of the Center for Student Success to discuss your situation and what options may exist. (Center for Student Success: 627.5300 and ask for a Student Success advisor)
2. Review ADM 3.07 Leave of Absence or Permanent Resignation from the College Policy (<https://www.bsmcon.edu/policies>). While on SPN you **may not** enroll at any other College or University.
3. Students must be in good academic standing with the College prior to taking SPN.
4. Verify your status with the Office of Financial Aid (627.5301)
5. 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)
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: <https://www.bsmcon.edu/policies> (scroll to the bottom of this link for ACA 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 _____ Student Success Advisor _____ Date _____

Dean, Nursing or Designee _____ Date _____

For College Use Only: Date received _____ SIS date _____ LDA _____ August 2021