Policy Title: Inactive Status

A student in good standing who desires not to enroll during one semester may do so for one (1) semester. The student must complete an “Inactive Form” indicating that she/he wishes inactive status for one semester. The Inactive Form also requests information about when the student plans to re-enroll in the program.

If the student has not enrolled for more than one semester, she/he must petition the DNP Council for reinstatement into the DNP program. This request is made in writing to the DNP Coordinator who forwards it to the DNP Council for action. A majority vote of the DNP Council is required for reinstatement into the DNP Program. If approved, the DNP Coordinator notifies the Student Services Office.

The Inactive Form is available in the Student Affairs Office and on the School website.
Policy Title: Inactive Status

INACTIVE/WITHDRAWAL FORM

NAME: _____________________________________________________________

SOCIAL SECURITY NUMBER: __________________________________________

ADDRESS: __________________________________________________________

PHONE: _____________________________________________________________

Please indicate the purpose of clearance:

☐ Inactive ☐ Complete Withdrawal

Reasons for status change: ______________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

I plan to resume study: ________ (If yes, complete Future Plans below).
I do not plan to resume study: ________

Future Plans/Comments -

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Anticipated Return:

Fall Year
Spring Year
Summer Year

________ I have no plans to return at this time.

Student Signature: _______________________________________________ Date:________________________

Faculty Advisor Signature: ______________________________________ Date:_______________________

SAO Use Only:

____ Financial Aid Clearance ______ Registrar’s Clearance ______ Cashier’s Clearance

DNP Policy