

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HOUSTON  
SCHOOL OF NURSING

INACTIVE FORM

(Please return this form to SON, Student Affairs Office (2<sup>nd</sup> floor, Room 220)  
6901 Bertner Ave., Houston, TX 77030)

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

Please indicate the purpose of clearance:

\_\_\_\_\_ Inactive \_\_\_\_\_ Complete Withdrawal

Reasons for status change:

I plan to resume study: No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, complete "Anticipated Return" below

Anticipated Return: \_\_\_\_\_ Fall \_\_\_\_\_ Year  
\_\_\_\_\_ Spring \_\_\_\_\_ Year  
\_\_\_\_\_ Summer \_\_\_\_\_ Year

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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SAO Use Only:

\_\_\_\_\_ Financial Aid Clearance \_\_\_\_\_ Registrar's Clearance \_\_\_\_\_ Cashier's Clearance