

## NOTICE OF INTENT TO NOT RETURN

This form is for students who have completed a term, but who are not planning to return to BC for the following term. Completion and return of this form will remove the student from any classes in which preregistration has been processed, as long as it is received by the Office of the Registrar *prior* to the beginning of the affected semester. This form should be returned to the Office of the Registrar by FAX (828-884-3790), mail (One Brevard College Drive, Brevard, NC 28712), Email (Registrar@brevard.edu) or in person.

Plea	ise Print Cle	arly					
Ι,				, w	Ill not be returning fo	or the	semester due to one of the
	(First	M. Initial	Last)			(term/year)	
follo	owing reasons	(check appropria	te boxes for your situ	ation):			
П	I am transfe	rring to					
_							
	I prefer a dif	fferent program o	f study (Please state	what that is)		· ·	
	Financial						
	I prefer to be	e closer to home.					
	I prefer a dif	fferent environme	nt (Please list any sp	ecific as you ca	nn, e.g. size, location	, etc.)	
	I am taking	a leave of absenc	e and plan to return to	Brevard Coll	ege	(Semester	/Year)
	Students wi exceeds one	th this status do not e semester the stude eave must be appro	need to apply for readn nt will need to be readm	nission and may nitted to the colle	register for classes duri- ge through the Admissi	ng the scheduled registra ons Office. All requests	udents in good standing are eligible.  tion dates. If the leave of absence for study at another institution ailable at on my.brevard.edu on the
		ng on studying ab Period of Leave (	road enter Year) Fall	Spring	Full Year		
	Sponsorin	g US institution (	if applicable)				
	form availa						r and the Registrar. (Transient Permissic on and may register for classes during th
	I originally i	intended to enroll	for only the one sem	ester.			
	I have comp	leted requiremen	ts				
	Other (Pleas	se be as specific a	s possible)				
	se remove me vard College:	from any classes	for which I have pre	registered. I u	nderstand that I shou	ld notify all the follow	wing offices to settle my affairs with
	> >	Financial Aid F	ess and Finance Repr depresentative (828-6 epresentative (828-6	641-0113)	ident Accounts, 828-	641-0178)	
Stud	lent Signature					BC Student ID#	
Con	tact Phone #					Date	
Adv	isor				Are you preregister	ed for the next semes	ter? Yes No
Rece	eived by:		Date:		Processed Date	e:	