



REQUEST FOR CONTINUOUS ENROLLMENT STATUS (CES)

The purpose of this form is to coordinate and regulate undergraduate Continuous Enrollment Status (CES) for no more than two semesters. This may be for either personal or medical reasons. Resumption of full-time or part-time status after CES for medical reasons always requires medical documentation and a clear recommendation for resumption from either Student Health Service or the University Counseling Center. (See "Request for Resumption of Full-time or Part-time Status" form.) Students requesting CES must visit the Office of Academic Advising, Reynolda Hall 125, unless health or safety reasons make that inadvisable.

Name: _____
Last First Middle

WFU ID Number: _____ Non-WFU email address: _____

My signature below indicates that:

- I am requesting Continuous Enrollment Status
- I have read and understand all the provisions in this document,
- I have neither been suspended for any reason, nor have pending judicial charges, nor am subject to involuntary administrative withdrawal, and
- I am in good financial standing with the university.

- CES After Current Term (You will complete the current term.)
- CES During Current Term (You will not complete your current classes – you are requesting CES during the semester.) The Committee on Academic Affairs will determine whether or not grades will be assigned for the current semester.

- I intend to enter CES. I will resume full-time or part-time status after 1 or 2 semesters. I expect to resume starting with the _____ term. I will be billed \$100 per semester to cover added administrative expenses, maintaining a laptop, an email account, and access to WIN registration.

(If you are requesting CES for medical or personal reasons, readmission is not required for your resumption of full-time or part-time status; however, a Request for Resumption of Full-time or Part-time Status Form is required, as well as Student Health Service or University Counseling Center recommendation if medical.)

REQUIRED SIGNATURES:

_____	_____
Student's Signature	Date
_____	_____
Office of Academic Advising Signature	Date
_____	_____
Student Financial Services (Reynolda 107)	Date
_____	_____
Financial Aid Office (Reynolda 04)	Date
_____	_____
Residence Life and Housing (Maya Angelou Hall, Suite 001)	Date

NOTES:

- Subscribers to Student Blue (university-sponsored) health insurance must visit Ann Madigan, in Room 6A, Reynolda Hall, prior to entering CES.
- Students on any form of financial aid must visit the financial aid office, in Reynolda 04, prior to entering CES. Refund and repayment calculations, as well as the commencement of grace periods for loan repayments, will occur when students enter CES.
- PLEASE RETURN THIS FORM to Office of Academic Advising, Reynolda 125.

For Office Use Only:

Dean _____

Effective Date of Status Change _____

OAA Staff, note that effective date for full semester CES must be between terms.

- This status change is WITHOUT grade penalty.
- This status change is WITH grades assigned.

CES Category:

- Personal
- Medical