



INACTIVE STATUS NOTIFICATION FORM

(For Undergraduate Students Only)

For Office use only RGCHCOUR	TERM: _____
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Inactive status is for continuing undergraduate, degree-seeking students who intend, and qualify, to re-enroll at the University of Miami after leaving the university for a designated period of time.

NOTE: If requesting this status late in the semester or during the same semester in which you are leaving, it is the student's responsibility to notify all departments of the new status. Students are responsible for any charges incurred as a result of not notifying departments, such as housing, parking, etc. of their intent to study elsewhere and following appropriate check-out procedures.

Student Name: _____ UM ID#: _____

Permanent Address: _____

Phone: _____ Email: _____

I am requesting inactive status for the following semester: _____

I understand that inactive status will allow me to receive a registration appointment time for the semester that I am indicating to return. I understand that by signing this notification, I will be eligible to return to the University of Miami with all of my current university-based scholarships and academic requirements according to the bulletin in effect at the time I submit this request, eligibility to live in on-campus residence and course registration priority upon return at the end of the semester listed above. **I understand that repayment of loans may apply during my inactive status. I further understand that my university health insurance may be cancelled and it is my responsibility to contact Health Services.** _____

(initials)

I may remain in inactive status for **only two consecutive semesters**, and I agree to immediately notify the Office of the Registrar at the University of Miami of any change in this status. I further understand that I must update this status if I choose to extend it prior to the end of the semester noted above or forfeit the right to retain my current benefits listed above. **I understand that I MAY NOT take any classes at any other institution while I am on inactive status from the University of Miami.** If I do not return the following semester or extend my status for a second semester by the deadline in which I submit this request, I will be dropped from inactive status and lose the above benefits. I understand that I will then need to apply for readmission and pay the readmission fee. _____

(initials)

I understand that in order to qualify for inactive status all financial obligations must be satisfied, including any previous balances on my student account. The deadline to apply for Inactive Status can be found on the Academic Calendar. Failure to meet the deadline for a new or continuing request will result in a forfeiture of the Inactive benefits. Inactive status will not be applied retroactively. _____

(initials)

**Approval of inactive status by the school/college is subject to all financial and disciplinary holds being clear.*

Student Signature: _____ Date: _____

Approval from School/College (Academically Eligible to Return)

*Approved by - Dean's Signature: _____ Date: _____

Approved with the following conditions: _____

For International Students Only: Approval from International Student & Scholar Services (ISSS):

ISSS Advisor Signature _____ Date _____

Office of the Registrar Staff Use Only:

Request received and entered by: _____ Date: _____

Student Account Staff Use Only:

Payment received by: _____ Date: _____

Office of the Registrar