REQUEST FOR NON-CONTINUOUS ENROLLMENT CONTRACT

Name _______                                      Banner ID: _______

Graduate Advisor: ______________________

Semester Admitted into MS in Nutrition Program: ____________
Last Semester you were/are enrolled (Fall/Spring): ___________
Semester returning (Fall/Spring): ___________

Returning to the Program:

One semester before you return to the program contact your Advisor to inform them you will be re-enrolling for the upcoming term. If your Advisor is no long with the program contact the MS in Nutrition Program Director.

I understand by signing this contract that the MS in Nutrition program allows only 1 leave of absence. A 2nd leave requires that I reapply to the program through ECU Graduate School and there is no guarantee of re-admittance into the MS in Nutrition program. I further understand that I am responsible for re-enrolling for coursework toward the MS in Nutrition degree for the semester contracted and that upon re-enrollment, continuous enrollment (Fall/Spring) is expected, and I have a total of 6 years to complete the MS in Nutrition program requirements. If I do not enroll the semester contracted I will be required to reapply to the program through ECU Graduate School and there is no guarantee of re-admittance into the program.

Attach a copy of your Planning and Progress Record to this form outlining course sequence for the remainder of the program and provide a signed copy of the Request for Non-continuous Enrollment Contract to your Advisor. Upon approval by your Advisor they will sign this contract, then provide the contract to the Program Director.

___________________________________________________________  Date
(Signature) Student

___________________________________________________________  Date
(Signature) Advisor

____________________________________________________________  Date
(Signature) MS in Nutrition Program Director