

EAST CAROLINA UNIVERSITY
College of Allied Health Sciences
Department of Nutrition Science
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.

(Signature) Student Date

(Signature) Advisor Date

(Signature) MS in Nutrition Program Director Date