

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HOUSTON  
SCHOOL OF NURSING**

**INACTIVE FORM**

*(Please return this form to SON, Student Affairs Office (2<sup>nd</sup> floor, Room 220)  
6901 Bertner Ave., Houston, TX 77030)*

**NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**Please indicate the purpose of clearance:**

\_\_\_\_\_ **Inactive**                      \_\_\_\_\_ **Complete Withdrawal**

**Reasons for status change:**

**I plan to resume study:**      **No** \_\_\_\_\_      **Yes** \_\_\_\_\_      **If yes, complete "Anticipated Return" below**

<b>Anticipated Return:</b>	_____	<b>Fall</b>	_____	<b>Year</b>
	_____	<b>Spring</b>	_____	<b>Year</b>
	_____	<b>Summer</b>	_____	<b>Year</b>

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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SAO Use Only:

\_\_\_\_\_ **Financial Aid Clearance**      \_\_\_\_\_ **Registrar's Clearance**      \_\_\_\_\_ **Cashier's Clearance**