



Voluntary Break in Enrollment (VBE) Form

Please review the [Voluntary Break in Enrollment \(VBE\) Policy](#) and submit the completed form to The Office of Financial Aid financialaid@muih.edu

Name: _____

ID#: _____

Email: _____ Phone: _____

Program(s): _____

Are you currently utilizing Financial Aid? Yes No

For additional information about your student loan grace period and loan repayment visit:
<https://studentaid.ed.gov/sa/repay-loans/understand/>

Are you taking a break in enrollment due to COVID-19? Yes No

Trimester and year in which you intend to begin your VBE: Fall ____ Spring _____ Summer ____

Trimester and year in which you intend to resume enrollment: Fall ____ Spring _____ Summer ____

NOTE: Any consecutive break of longer than three trimesters will result in administrative withdrawal from the University.

Reason for requesting a VBE:

I have consulted the Office of Financial Aid (if applicable) and understand the potential impacts that taking a break in enrollment may have on my Satisfactory Academic Progress and financial aid award and loans.

Student Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____