UCONN

Each policy at www.policy.uconn.edu includes a brief overview of important information pertaining to the policy, such as policy owner, effective date, description and who to contact for more information. Below is a description of each element which must be provided to OACE before formally publishing the policy.

Title	Continued Enrollment in School of Nursing for Graduate Students Policy 1.06
Policy Owner	School of Nursing
Applies to	Graduate Students
Campus Applicability	Storrs and Regional Campuses
Effective Date	5/20/19
For More Information Contact	Office of the Dean
Contact Information	(860) 486-0537
Official Website	http://nursing.uconn.edu

Continued Enrollment in School of Nursing for Graduate Students Policy

REASON FOR POLICY
The School of Nursing appreciates that students are balancing multiple demands and may need to alter their planned academic trajectory at various points in their program of study.

APPLIES TO
This policy applies to all graduate students in the SON with grant funded loans.

DEFINITIONS (IF APPLICABLE)
The purpose of this policy is to define what continuous enrollment means within the School of Nursing.

POLICY STATEMENT
A graduate student is considered enrolled, a student in good standing, and is making academic progress if they are in credit or non-credit bearing courses at UConn. Matriculation continued (Nurs 6999) is considered continuous enrollment.

ENFORCEMENT
Violations of this policy may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, and the University of Connecticut Student Code.

PROCEDURES/FORMS
Procedures and forms should not be included within the main body of a policy. Instead, units should include links to procedural information and applicable forms at the end of the policy document.

POLICY HISTORY

Rev. 5.9.22- Q:\Nursing\Faculty\By-Laws Policies and_Procedures for SON\Academic-Policies\Academic Policies\

Comprehensive history of each version of the policy by effective date (effective date represents when the version was approved by the highest authority required). Do not include dates when minor revisions occurred. Include who or what body of authority approved the policy version.

Policy created: *Approved 9/24/18*
Reviewed/reaffirmed: <mark>FFM 5/9/2022</mark>