

**Drop/Withdrawal/Departure Check List**

**Nursing department use only**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 🞏 Student consulted with their theory and clinical instructor(s)
2. 🞏 Instructor completed their part of Drop/Withdrawal/Departure Form
3. 🞏 Instructor to contacted Director of Nursing
4. 🞏 Student appointment with Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Must be within 10 days
5. 🞏 Badges returned \_\_\_\_Yuba College \_\_\_\_ Clinical Facilities
6. 🞏 Faculty notifies clinical facilities
7. 🞏 Office to notify WIOA, Judy Dech at JDech@yccd.edu
8. 🞏 Director meet with student

🞏 Director completed bottom of Drop/Withdrawal/Departure Form

🞏 Student reminded to drop course(s)

🞏 Student must read & sign Drop/Withdrawal/Departure Acknowledgement

1. 🞏 Student complete Student Petition for Readmission if eligible (optional)
	* Student letter must be included
2. 🞏 Copy to student
3. 🞏 For Faculty Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 🞏 Petition to Allied Health Faculty meeting for review
5. 🞏 Results of the Readmission petition
	* Approval to Return Date \_\_\_\_\_\_\_\_\_\_ or 🞏 Denied
	* Notify students within 10 business days of the Allied Health Faculty meeting