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**Yuba College Nursing Program Drop/Withdrawal/Departure Form**

\_\_\_\_\_ Generic Student \_\_\_\_\_ LVN/RN Career Mobility Student \_\_\_\_\_ Transfer student

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

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

Nursing Course: \_\_\_\_\_\_\_\_\_\_\_ Clinical Day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­ Date of Departure: \_\_\_\_\_\_\_\_\_\_\_

Semester Level: 1st 2nd 3rd 4th

**Reason for Departure:**

Mid / End of Course Failure: Academic Practicum

 Gross Negligence/Dishonesty/Unsafe Practice Personal/Financial Reasons

Current Theory Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade at time of departure: \_\_\_\_\_\_\_\_\_\_\_\_

Current Clinical Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade at time of departure: \_\_\_\_\_\_\_\_\_\_\_\_

Instructor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations for Success:**

\_\_\_ Skills Lab Referral \_\_\_\_ ATI \_\_\_\_Counseling Department \_\_\_\_ DSPS

\_\_\_\_ College Success Center Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Re-entry Plan:**

 Plans to re-enter \_\_\_\_\_\_(See Readmission Policy in Student Handbook)

Anticipated Date of Return: Spring Fall Year: \_\_\_\_\_\_\_\_

 No plans to return Not Eligible Unknown

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 Met with Director of Nursing Clinical Agency Notification Complete

 Returned Badges #\_\_\_\_\_\_\_\_\_\_\_ Petition & Letter of Request Completion

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

Director Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Yuba College Nursing Program Drop/Withdrawal/Departure Acknowledgement**

The Yuba College Nursing Program Drop/Withdrawal/Departure Process and Readmission policy is in the Student Handbook at <https://yc.yccd.edu/nursing/about-us/student-handbook/>.

It is the student’s responsibility to review and follow the Drop/Withdrawal/Departure Process. If a student desires readmission they must review and follow the Readmission policy.

It is the student’s responsibility to withdrawal from the courses. The deadline for withdrawals is published in the colleges Academic Calendar. Failure to withdraw will result in a grade of “NC” or “F”.

I have read and agree to the processes/policies and conditions regarding the withdrawal from, repeat of, and/or re-entry into any Nursing Department Associate Degree Nursing program core course.

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

***Original – Nursing Office cc – □ Student □ Instructor***