

Student Name:	Student ID:
	Student ID
Email Address:	Phone Number:
Nursing Course: Clinical Day/Time:	Date of Departure:
Semester Level: 1 st 2 nd	3^{rd} 4^{th}
Reason for Departure:	
Mid / End of Course Failure:	Academic Practicum
Gross Negligence/Dishonesty/Unsafe Pr	ractice 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 ATICou College Success Center Other:	
Student's Re-entry Plan:	Construction of the state of th
Plans to re-enter(See Readmission Pol Anticipated Date of Return: Spring Fall Ye	ear:
No plans to return Not Elig	ible Unknown
Met with Director of Nursing	Clinical Agency Notification Complete
Returned Badges #	Petition & Letter of Request Completion Due Date:
Director Comments:	



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".

e i	processes/policies and conditions regarding the withdrawal from, repeat of ing Department Associate Degree Nursing program core course.
Student Signature:	Date:
Original – Nursing Office	cc − □ Student □ Instructor