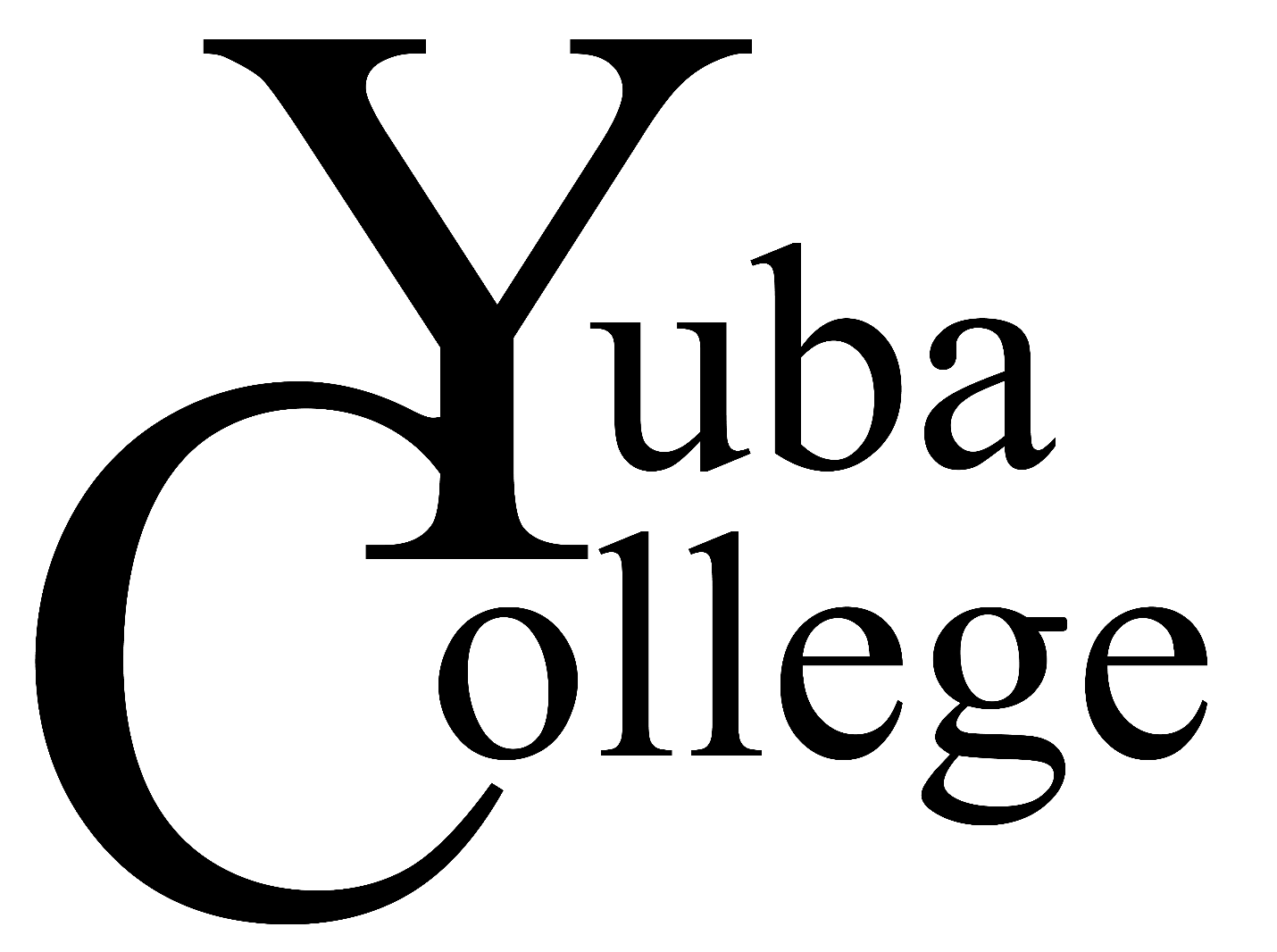
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Drop/Withdrawal/Departure Check List

Nursing department use only

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

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

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

Student consulted with their theory and clinical instructor(s)

Instructor completed their part of Drop/Withdrawal/Departure Form

Instructor contacted Director of Nursing, Allied Health

Student appointment with Director of Nursing, Allied Health Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be within 10 days to be eligible for Readmission petition

Badges returned \_\_\_\_Yuba College \_\_\_\_ Clinical Facilities

Faculty notified clinical facilities

Nursing office to notify WIOA

Director completed bottom of Drop/Withdrawal/Departure Form

Student reminded to drop course(s)

Student read & signed the Drop/Withdrawal/Departure Acknowledgement

Student completed the Student Petition for Readmission if eligible (optional)

* + Student letter included

Petition to Nursing, Allied Health Faculty meeting for review Date:\_\_\_\_\_\_\_

* + Results of the Readmission petition Approved  or Denied
  + Notify students within 10 business days of the Allied Health Faculty meeting