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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