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**Department of Nursing**

**Drop/Withdrawal/Departure Form**

**Completed by Instructor**

🞏 ASN Student 🞏 LVN Career Mobility 🞏 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 🞏 Clinical

🞏 Personal Reasons 🞏 Gross Negligence/Dishonesty/Unsafe Practice- Not eligible to return

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

Clinical Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previously on an Unsatifatory Progress Report:

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

**Recommendations for Success:**

🞏 Skills Lab Referral 🞏 College Success Center 🞏 DSPS 🞏 ATI

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Re-entry Plan:**

🞏 Plans to re-enter (See Readmision Policy in Student Handbook) 🞏 Signed Acknowledement Form

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

🞏 No plans to return 🞏Not Eligible 🞏 Unknown

🞏 Meet with Director of Nursing, Allied Health 🞏 Clinical Agencies Notification Complete

🞏 Returned Badges Yuba and Facilities \_\_\_\_\_\_\_\_\_\_ 🞏 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/>

The faculty may drop the student as a courtesy, however, It is the student’s responsibility responsibility to withdrawal/drop from the course review and follow the Drop/Withdrawal/Departure Process. The deadline for withdrawals is published in the colleges Academic Calendar. Failure to withdraw will result in a grade of “NC” or “F”.

If a student desires readmission they must review and follow the Readmission policys and meet Compliance requirements in the Student Handbook.

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 program core course. In addition, I understand if readmitted I must complete a drug screen and criminal background check at that time. The previous drug screen and criminal background check are no longer valid due to a time break in the continuation in the program.

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

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original – Nursing Office cc –□ Student □ Instructor