Shape

Description automatically generated with medium confidence

**Email to:**

nahp@yccd.edu

**Student Petition for Readmission**

### **Completed by *Student***

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Yuba College Email:\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Course(s):  N1 N2   N22    N3   N21   N4   N33 Current grade(s) in course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly state the reason for petition (can attach an additional document) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attached to the email**

🞏 Theory Contact(s) and Unsatisfactory Progress Report(s) for the current semester

🞏 Signed Yuba College Nursing Program Drop/Withdrawal/Departure Acknowledgement Form

🞏 Readmission Petition

🞏 Your typewritten plan for any recommendations for success from your instructor(s) if applicable

**Check off and fill in:**

🞏 Met with Director of Nursing, Allied Health or designee\_\_\_\_\_\_\_ date

🞏 Returned Badge(s) Yuba \_\_\_\_\_\_\_\_date Clinical Facilities (if applicable)\_\_\_\_\_\_ date

🞏 Consulted with their theory and clinical instructor(s) include faculty name and date

List here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Reviewed the Not Eligible for Readmission criteria in the Student Handbook

I have reviewed the Nursing Student Handbook for policies/procedure/content/expectations including the Drop/Withdrawal/Departure Process and Readmission Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_

Student Signature   Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Below is for Nursing Department use only**

 Met with the Director of Nursing, Allied Health or designee Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Summary of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Request is complete

 Petition action

 Approved   Drug Screening and Background Check must be repeated for readmission

 Denied   Student notified of result of petition Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_