****

**Department of Nursing**

**Drop/Withdrawal/Departure Form**

**Completed by Instructor**

🞏 ASN (RN Program) Student 🞏 LVN to RN Career Mobility Student 🞏 Transfer Student

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

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

Nursing Course(s): \_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_ Previous Theory Contact for Student Success: [ ]

Clinical Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On an Clinical Contract for Student Success: [ ]

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

**Recommendations for Success:**

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

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

**Student’s Re-entry Plan:**

🞏 Plans to re-enter (See Readmission Policy in Student Handbook) 🞏 Signed Acknowledgement 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 to withdrawal/drop from the course review and follow the Drop/Withdrawal/Departure Process. The deadline for withdrawals is published in the college’s 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 policies and meet the 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

****

Drop/Withdrawal/Departure Checklist

Nursing department use only

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

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

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

[ ]  Student consulted with their theory and clinical instructor(s)

[ ]  Instructor completed their part of Drop/Withdrawal/Departure Form

[ ]  Instructor(s) 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 plan to completed the Student Petition for Readmission if eligible (optional)

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

* + [ ]  Received Petition within 10 days
		- Student letter included [ ]
	+ Results of the Readmission petition Approved [ ]  or Denied [ ]
	+ [ ]  Notify students within 10 business days of the Allied Health Faculty meeting

[ ]  All communications with students place in Student File.

[ ]  Attrition Tracking process completed by Nursing Office and Director.