

**Email to:**

nahp@yccd.edu

**Student Petition for Readmission**

### **Completed by *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

Theory Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade at time of departure: \_\_\_\_\_\_Previous Theory Contact for Student Success: [ ]

Clinical Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous Clinical Contract for Student Success: [ ]

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

**Attached to the email**

🞏 Theory Contact for Student Success and Clinical Contact for Student Success for all courses including 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_