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Description automatically generated**

**Department of Nursing**

**Drop/Withdrawal/Departure/Academic Failure 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 a 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 Drop/Withdrawal/Departure/Academic Failure Acknowledgement Form

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

No plans to return  Not Eligible  Unknown

Nursing department use only

Meet with Director of Nursing, Allied Health  Clinical Agencies Notification Complete  Returned Badges Yuba and Facilities  Petition & Letter of Request Completion  Meet with Dean if directed

Director Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yuba College Nursing Program Drop/Withdrawal/Departure/Academic Failure Acknowledgement**

The Yuba College Nursing Program Drop/Withdrawal/Departure/Academic Failure 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/Academic Failure 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”.

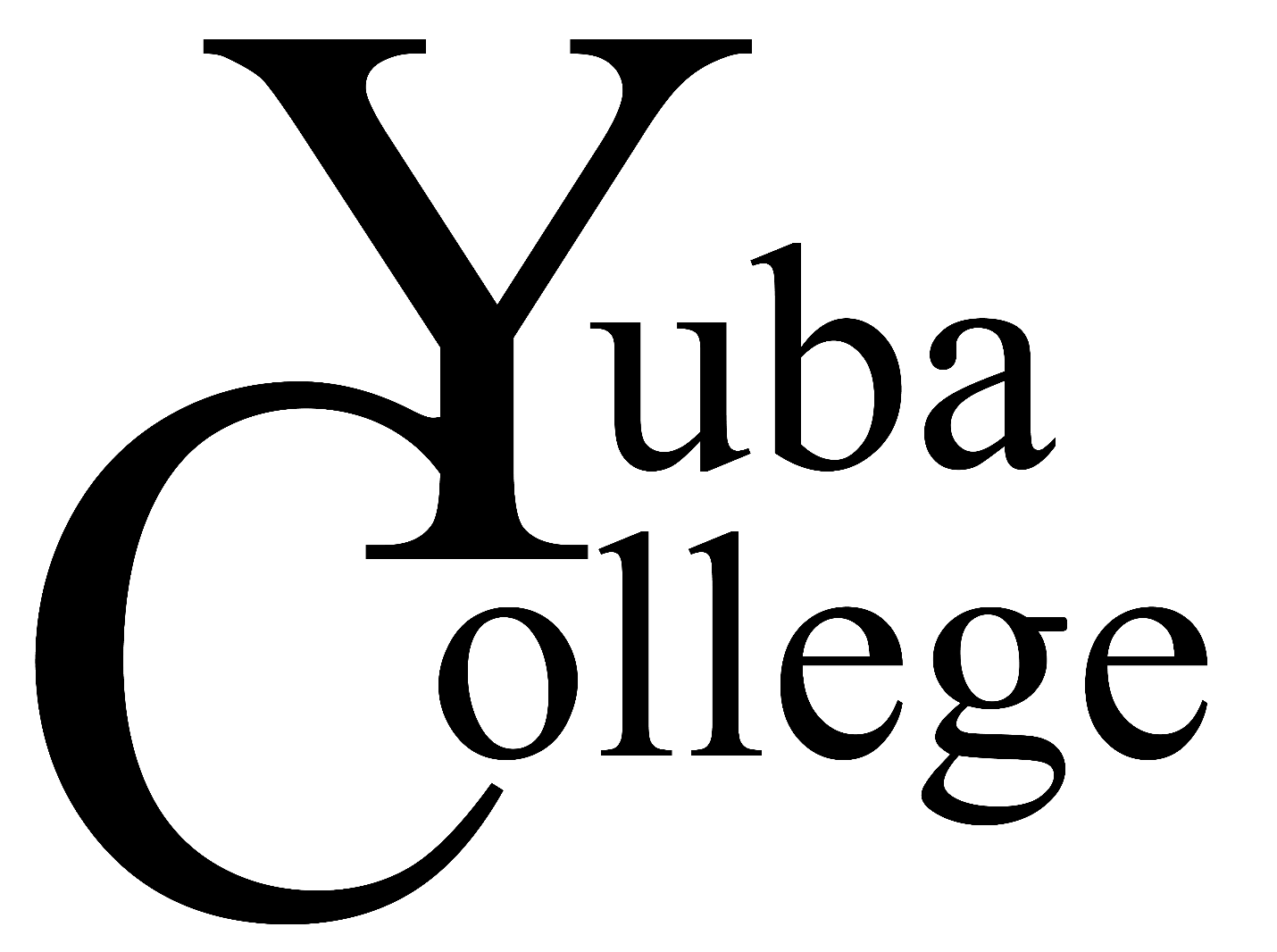
If a student desires readmission they must review and follow the Readmission policies and meet the Compliance requirements in the Student Handbook.

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

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Drop/Withdrawal/Departure/Academic Failure 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/Academic Failure 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/Academic Failure Form

Student reminded to drop course(s)

Student read & signed the Drop/Withdrawal/Departure/Academic Failure 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