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**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