**** 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/Academic Failure 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/Academic Failure 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: \_\_\_\_\_\_\_\_\_