**Logo, company name

Description automatically generated** 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: \_\_\_\_\_\_\_\_\_