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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 Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:

Date of Meeting:\_\_\_\_\_\_\_ Comments: (faculty) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 if requested by student below:

Please drop me from the course(s) I am a Program Drop/Withdrawal/Departure/Academic Failure in. This is only an option before the drop date based on the Academic Calendar.

It is the student's responsibility to check in the [Yuba College Self Service](https://yc.yccd.edu/) the requested drop has been processed.

Ultimately it is the student's responsibility to drop nursing course(s) in the [Yuba College Self Service](https://yc.yccd.edu/).

However, if the student does not wish to be dropped, they will be advised of the college deadline for withdrawals is in the [Yuba College Academic Calendar](https://yc.yccd.edu/academics/academic-calendar/) and that failure to drop will result in an “F” grade on the official transcript.

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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AI-generated content may be incorrect.**

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)

Drop/Withdrawal/Departure/Academic Failure Form

Instructor completed their portion

Director completed bottom

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

Student reminded to drop course(s) unless it is past the drop date

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