Logo, company name

Description automatically generated  **Drop/Withdrawal/Departure/Academic Failure Form**

**Completed by Instructor 1st**

ASN (RN Program) Student  LVN to RN Career Mobility Student  Transfer Student

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course(s): \_\_\_\_\_\_\_\_\_\_ Cohort: \_\_\_\_\_\_\_ Clinical Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester Level:  1st  2nd  3rd  4th

Academic  Clinical

Theory Instructor: \_\_\_\_\_\_\_\_\_\_\_\_ Grade at time of departure: \_\_\_\_\_\_ Was student on a Theory Contact: Y/N

Clinical Instructor: \_\_\_\_\_\_\_\_\_\_\_ Was student on a Clinical Contract: Y/N

*All contracts, communications, and clinical evaluations for dropped courses must be attached to drop packet.*

**Reason for Departure:**

Course failure

Personal Reasons

Gross Negligence/Dishonesty/Unsafe Practice- Not eligible to return

**Problem related to:**

Academic  Clinical

**Faculty description of departure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations for Success:**

Skills Lab Referral  College Success Center  DSPS  ATI  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting with faculty, student, and director or assistant director**

Meeting Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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

**Addressed during meeting:**

Student stated they were safe to leave campus

Student advised of colleges grievance process (available in student handbook)

Returned Badges Yuba and Facilities

If eligible for readmission, reviewed readmission policy with student

Meet with Dean if directed

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

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

Director or ADON Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Students are prohibited from continuing with any activities related to dropped course(s) including orientation.

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

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original – Nursing Office cc  Student  Instructor

Logo, company name

Description automatically generated  **Nursing Department Drop Checklist**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cohort: \_\_\_\_\_\_\_\_\_\_\_

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 Health and Medical Career Programs and Nursing and scheduled meeting

Student, faculty, director or ADON meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be within 10 days of the date of departure to be eligible for Readmission petition

Badges returned \_\_\_\_Yuba College \_\_\_\_ Clinical Facilities

Faculty notified clinical facilities

Nursing office to notify WIOA

Student removed from cohort email

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