  **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

  **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