

Revised

May 2018

I. Statement of Policy:

Students may voluntarily withdraw from a course offered by the School of Nursing.

II. Scope:

Students enrolled in the School of Nursing.

III. Procedure:

- A. Students who choose to withdraw from a course must complete a Withdrawal Request Form and submit it to their Advisor.
- B. Withdrawal from a course may result in automatic withdrawal from the program. (see Withdrawal from Program Policy). In any case, students who withdraw from more than 2 courses will be automatically withdrawn from the program.
- C. Students enrolled in affiliate college courses must follow withdrawal policies of that college. Students who withdraw from these courses must inform their GLHSON advisor and may also be withdrawn from the GLHSON program.
- D. If withdrawal is prior to the last 30 calendar days of class, a “W” for “Withdrawal” will be reflected on the grade report. If the student withdraws during the last 30 days of class, “WP” for “withdrawing while passing” or “WF” for “withdrawing while failing” will be reflected on their grade report.
- E. The last day to withdraw from a course is the last day of class.
- F. As soon as it is definitively determined that a student will fail a course (i.e. missed excessive days, failed ATI test, failed clinical experience, failed exit exam), the student will not be permitted to attend any further classes or clinical experiences in the affected class. Students may be permitted to attend other nursing courses that they are passing.

GEISINGER-LEWISTOWN HOSPITAL SCHOOL OF NURSING

STUDENT WITHDRAWAL FORM

Name: _____ SSN: _____

Withdrawal from class _____ Date: _____

Withdrawal from program _____ Date: _____

Withdrawal Reason: __ Voluntary __ Involuntary

Student Signature Date

Comments : _____

Dependent Parent Signature Date

Comments: _____

Instructor Signature Date

Comments: _____

Instructor Signature Date

Comments: _____

Advisor Signature Date

Comments: _____

Secretary Signature Date

Comments: _____

Financial Aid Signature Date

Forward to Bursar

Comments: _____

School Director Signature Date

Comments: _____

Agency Notified _____