

Revised

May 2018

I. Statement of Policy:

Students may be voluntarily withdrawn from the School of Nursing. They may also be withdrawn involuntarily. In both cases, they may reapply to the program.

II. Scope:

Students enrolled in the School of Nursing.

III. Procedure:

A. Voluntary

1. Students who choose to withdraw from the program must complete a Withdrawal Request Form and submit it to their Advisor.
2. Withdrawal from a course may result in automatic withdrawal from the program.
3. If the student decides to return to the Program in the future, he/she must reapply.
4. Students who withdraw are subject to all financial obligations to the School of Nursing. Including the course or courses from which they are withdrawing.
5. Students enrolled in affiliate college courses at HACC Lewistown must follow withdrawal policies of GLHSON. Withdrawal from GLHSON program results in automatic withdrawal requirement from HACC courses.

B. Involuntary

1. Items 1-5 under Voluntary Withdrawal apply
2. Students may be involuntarily withdrawn from the program due to the following:
 - a) Failure to follow the plan of study, (not taking a required course), failing or withdrawing from a required course.
 - b) Incidents of cheating or plagiarism.
 - c) A student fails a course or withdraws while failing more than one time.
 - d) The Faculty and Director of the School of Nursing reserve the right to terminate any student in violation of Student Responsibilities, Clinical Expectations, and any disciplinary infractions. (See policies).

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 _____