

Montefiore | School of Nursing

COURSE WITHDRAWAL REQUEST

Student _____ Soc Sec # _____

Semester: Spring 20____ Fall 20____

I have had the opportunity to discuss this decision with my teachers, my advisor and the Dean.

I wish to withdraw from the following course(s):

____ Nursing 1

____ Nursing 2

____ Nursing 3

____ Nursing 4

I understand that I must go directly to Montefiore School of Nursing's Student Services Office to withdraw from course/s being taken at Mercy College.

I am planning to withdraw from the following course/s at Mercy College

List _____

I am aware of the deadline to withdraw with a "W" and the consequences of not meeting that deadline. I have received a copy of the policies pertaining to re-registration & re-admission.

Student Signature

Date

For office use only

Date received _____

Approved _____

Transcript entry _____

REQUEST TO REPEAT A NURSING COURSE FORM

Student request is considered individually by the faculty and seat is granted on a space available basis. Make certain the Student Services Office has your current contact information.

Student name _____

MSON ID # or last 4 numbers of Soc Sec # _____

POLICY:

- Permitted one course failure (C, D, F or WF).
- Withdrawal prior to midterm is allowed once during the program of studies.
- May not be enrolled in a specific course more than twice.
- Program must be completed in three years.
- When a failed course is repeated a minimum final grade of "B" is required

I wish to repeat the following course. If I am requesting to move from the day to the evening program, I am aware that I must meet the evening program requirements.

Course (Please Check): Nursing 1 _____ Nursing 2 _____ Nursing 3 _____ Nursing 4 _____

Semester in which course is requested (Please Check):

Spring Semester

N1/N3 (Evening/Weekend Program) & N2/N4 (Day Option) Year _____

Fall Semester

N1/N3 (Day Program) & N2/N4 (Evening/Weekend Option) Year _____

If you are not planning to return next semester your Student ID & door swipe card must be submitted to Student Services.

I HAVE READ ALL POLICIES THAT PERTAIN TO THIS REQUEST AND HAVE DISCUSSED THE EFFECT OF THIS DECISION WITH THE FINANCIAL AID OFFICE, AS APPROPRIATE.

Student Signature _____ **Date** _____

For Administrative Use:

Accepted by Registrar _____ Date _____

Approved by Dean _____ Date _____

YES _____ NO _____ COMMENTS _____

Student ID & Door Swipe Received by _____ Date _____