

COURSE WITHDRAWAL REQUEST

Student _____ Soc Sec # or MSON ID # _____

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 polices pertaining to re-registration & re-admission.

I am aware that I am required to return my School ID & (if applicable) Parking Pass.

Student Signature Date

For office use only

Date received _____

Approved _____

Transcript entry _____

School ID received _____ Parking Pass received _____

REQUEST TO REPEAT A NURSING COURSE

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.
- Re-enrollment cannot be guaranteed and approval will be based on seat availability at the beginning of the semester for which re-enrollment is requested. Other factors considered include GPA and grade in the course at the time of withdrawal or failure.

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 Option) & N2/N4 (Day Option) Year _____

____ Fall Semester
N1/N3 (Day Option) & N2/N4 (Evening/Weekend Option) Year _____

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. SUBMISSION OF SCHOOL ID AND DOOR SWIPE IS REQUIRED IF RE-ENROLLMENT IS DELAYED A SEMESTER.

Student Signature _____ Date _____

<i>For Administrative Use:</i>	
Accepted by Registrar _____	Date _____
Accepted by Dean YES ____ NO ____ COMMENTS _____	Date _____
Student ID & Parking Chip Received by _____	Date _____