

Current Status: *Active*



SAINT ANTHONY
COLLEGE OF NURSING

Original Effective:
Last Reviewed or Revised:
Category/Chapter:
Applicability:

4/27/1990
6/29/2016
Academic Programs
SACN Operating Units

Withdrawal From College (437)

PURPOSE:

To define the College's policy on withdrawing from a nursing education program.

POLICY:

A student who withdraws from the College for any reason must notify the academic Dean and Associate Dean for Support Services of their decision to withdraw from the College in writing.

A student who withdraws from the College must comply with the withdrawal procedure and satisfy any financial obligations to the College.

Failure to follow the outlined withdrawal from college policies and procedures will result in dismissal from the College.

PROCEDURE:

- The student will:
 - Obtain the "*Withdrawal from the College Form*" in the Student Affairs Specialist's office.
 - Meet with the academic advisor.
 - Meet with the appropriate program Dean.
 - Satisfy all financial obligations to the College.
 - Return the completed withdrawal form, with all appropriate signatures, to the Associate Dean for Support Services.
- The Associate Dean for Support Services will notify the Enrollment Management Coordinator, affected course faculty, academic Dean, and President of the College that the withdrawal is completed.

ATTACHMENTS:

Withdrawal From the College Form

**SAINT ANTHONY COLLEGE OF NURSING-ROCKFORD, ILLINOIS
WITHDRAWAL FROM THE COLLEGE FORM (POLICY # 437)**

STUDENT: You must acquire all required signatures and return completed form to the Supervisor of Enrollment Management.

Student Name: _____ Enrollment Date: _____

Program/track you are withdrawing from: _____

Address: _____

City: _____ State _____ Zip Code _____

Please check the REASON FOR LEAVING. Explain each reason as fully as possible.

____ Health _____

____ Academic difficulty _____

____ Disciplinary difficulty _____

____ Financial difficulty _____

____ Did not meet career expectations _____

____ Chose other program/track/college/university _____

____ Other, *please explain* _____

Students receiving financial aid, please check all that apply:

ISAC-Monetary Award ____ Pell Grant ____ Student Loans ____ V.A. Benefits ____ Other ____ *Please explain:*

Do you plan to continue your education? Yes ____ No ____ If yes, *where?* _____

Do you plan to return to SACN in the future? Yes ____ No ____ If yes, *when?* _____

Have you informed your instructors? Yes ____ No ____ Last Day of Class Attended: _____

Front Desk Personnel Only: Front Desk received the following items?

Mailbox key _____ Student ID _____ (Front Desk Personnel Initials _____)

Bursar Personnel Only: Student Account/Debt Reconciled? Yes ____ No ____ Bursar Initials _____)

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Financial Aid Officer Signature _____ Date _____

Associate Dean, Support Services, Signature _____ Date _____

Dean (Undergraduate or Graduate based on the program you are in), Signature _____ Date _____