

**COMPLETE WITHDRAWAL FORM**

STUDENT ID	LAST NAME	FIRST NAME	PROGRAM & TRACK	EMAIL ADDRESS

A complete withdrawal means withdrawal from all courses for the semester.

If the student is requesting a leave of absence, the student must also complete and submit a *Leave of Absence* form

A student who plans to return in a future semester, must fill out a *Re-enrollment After Absence* form within 60 days of the anticipated return date. Students are not guaranteed re-enrollment. Re-enrollment will be granted based on an evaluation of the student's ability to succeed and space availability in class and clinical. Refer to the re-enrollment process in the Student Handbook found on the School of Nursing website at [www.nursing.emory.edu](http://www.nursing.emory.edu).

**Complete Withdrawal Process:**

The student should initiate the withdrawal request with their program director after discussing their options. *The Complete Withdrawal form* must be submitted within 10 days of this discussion, so that appropriate University Offices can be notified. This request is time sensitive and the request cannot be backdated.

1. Student initiates a meeting/sends an email to their assistant dean/program director/specialty coordinator to discuss withdrawing from all classes.
2. Depending on the reason for the complete withdrawal, the student may initiate a *Leave of Absence Request*.
3. Student must complete the *Complete Withdrawal form* and sign the document.
4. Student submits the completed *Complete Withdrawal form* to [nursingregistrar@emory.edu](mailto:nursingregistrar@emory.edu)
5. The remaining required signatures will be obtained by the Office of Education.
6. Refer to the Student Handbook on the School of Nursing website regarding grading when a student withdraws from a course(s). This is a time dependent process.
7. A student wishing to reenroll after a semester or more absence must submit a *Reenrollment after Absence form*. This form must be completed, signed and returned at least 60 days before the desired semester of enrollment.

8. A student who will not be returning to the School of Nursing should submit a written request to be withdrawn from the School of Nursing to nursingregistrar@emory.edu.
9. For questions regarding tuition refunds, please contact the Emory Office of Student Financial Services at 404-727-6095. If the student has received any type of financial aid, they must contact Emory Financial Aid Office at 404-727-6039.

**Enter all courses for the semester below.**

Course #	Course Title	Class #	Program Director Use ONLY		
			W	WF	Program Director Signature

Effective Date\* \_\_\_\_\_

\*The effective date is defined as the date the student notifies a faculty/program director/assistant dean of their request to withdrawal. **The form must be submitted and processed within 10-days of notification.** Failure to do so may affect tuition refund, financial aid refunds and final course grade entered on the transcript. Students should refer to the Student Handbook for the Withdrawal process.

**Reason for Complete Withdrawal**

Personal

Job Related

Financial

Other

**Additional Information:**

Do you plan to return to the School of Nursing?      Yes              No

If yes, what is your anticipated Semester/Date to return? \_\_\_\_\_ Semester      \_\_\_\_\_ Date

***This is a time-sensitive form.***

***This form will be returned if all parts are not completed.***

\_\_\_\_\_  
***Student Signature***

\_\_\_\_\_  
***Print Name***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Program Director Signature***

\_\_\_\_\_  
***Print Name***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Assistant Dean Signature***

\_\_\_\_\_  
***Print Name***

\_\_\_\_\_  
***Date***

***\*\*A copy of the completed form will be sent to the student once signatures have been obtained.***