

NELL HODGSON WOODRUFF SCHOOL OF NURSING
Office of Enrollment and Student Affairs
NOTIFICATION OF WITHDRAWAL FROM COURSES
(Please print in blue or black ink)

Return completed form to: Student Services, Nell Hodgson Woodruff School of Nursing, Emory University 1520 Clifton Road, NE, Atlanta, GA 30322, or fax to: 404-727-8509.

Student Name _____ ID Number _____

Department _____ Term/Yr: _____

Complete Withdrawal

Partial Withdrawal

(Note: Complete withdrawal means withdrawal from all courses for the term.)

Dept.	Course #	CLASS #	W	WF	WU	Effective Date

Reason for withdrawal: ___Personal ___Job Related ___Financial ___Other

Please explain (attach additional sheet if necessary) _____

If complete withdrawal, do you plan to return?

___Yes ___No If yes, when? Term _____ Yr _____

Student Signature _____ Date _____

Program or Specialty Coord Signature _____ Date _____

Assoc. Dean for Undergrad Educ Signature _____ Date _____

MSN Program Director Signature _____ Date _____

Director of the DNP Program Signature _____ Date _____

Student Services Use Only

Processed by _____
Name _____ Date _____