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.)

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<th>Dept.</th>
<th>Course #</th>
<th>CLASS #</th>
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<th>Effective Date</th>
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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______________

Assistant Dean for BSN Educ Signature __________________________ Date_________
Assistant Dean for MSN Educ Signature _________________________ Date_________
Director of the DNP Program Signature _________________________ Date_________

Student Services Use Only
Processed by ____________________________________________
Name                                                                                                      Date