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___________

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 __________________________________________ Date

Name

Date

Revised 8/28/2017