

**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 \_\_\_\_\_

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