

Joseph F. McCloskey School of Nursing

700 Schuylkill Manor Road, Pottsville, PA 17901 | Phone 570-621-5035 | Fax 570-621-5066

Student Withdrawal Form - Policy #100

Admissions and Withdrawal Policy, Part B. Submit the completed form to the Registrar.

A student who intends to withdraw from a course or from the school must give written notice to the Registrar. The date the Registrar receives this form, or the date the student first gave notice of intent to withdraw, whichever is earlier, is the withdrawal date used for tuition refunds (Part C) and any Return of Title IV Funds calculation (Policy #501).

STUDENT INFORMATION

Student Name: **Student ID:**

Program Year: **Site:** ☐ Pottsville ☐ Center Valley **Track:** ☐ Day ☐ Evening/Weekend

School Email: **Phone:**

TYPE OF WITHDRAWAL (check one)

☐ Withdrawal from a course. Course number and title:

☐ Withdrawal from the school (voluntary withdrawal from the program).

Intended last date of attendance: **Date of this notice:**

Reason for withdrawal (optional):

☐ Personal / family ☐ Health ☐ Financial ☐ Academic ☐ Employment ☐ Other

Comments:

STUDENT ACKNOWLEDGEMENTS (initial each)

☐ **TUITION REFUND.** Any refund of billed tuition and fees follows the schedule in Part C of Policy #100, based on the withdrawal date. Fees are non-refundable after the first day of the term.

☐ **BALANCE DUE.** I remain responsible for any balance owed to the school, due immediately. Transcripts and other records may be withheld until all financial obligations are settled (Policy #105).

☐ **FINANCIAL AID.** I must meet with the Financial Aid Office within five calendar days. Federal aid is subject to Return of Title IV Funds (Policy #501), and federal loan borrowers must complete exit counseling.

☐ **SCHOOL PROPERTY.** I will return my school ID badge and any school property before departure.

☐ **RETURN TO THE PROGRAM.** A former student seeking to return must apply under the Readmission Policy #102. Readmission is not guaranteed.

Student Signature: **Date:**

FOR SCHOOL USE ONLY

Date received by Registrar: **Withdrawal date:**

Date of determination (R2T4): **Last date of attendance:**

Notifications sent: ☐ Bursar's Office ☐ Financial Aid ☐ Director of Nursing ☐ Course Faculty

Return of Title IV calculation completed: ☐ Yes ☐ Not applicable **Date:**

Registrar Signature: **Date:**