



Student Withdrawal from the University

First Name: _____ Last Name: _____

Student ID #: _____ Date: _____

Explanation:

Date of Last Attendance: _____

Student Withdrawal Checklist:

I have met with the Academic Director and Director of Financial Aid

I have signed and submitted this form to the Academic Director

I have referred to the course withdrawal policies in the Student Handbook for additional requirements

Please note that withdrawal may result in an F being awarded in all enrolled courses after a certain date. Please refer to VUSN Academic Calendar for that date. See: <https://www.vanderbilt.edu/stuaccts/graduate/withdrawal-schedule.php> for tuition refund schedule



Note: Your signature asserts that you are familiar with the School of Nursing policy concerning withdrawal from the school and fully understand the terms of your withdrawal. Your signature is an official request to withdraw from the university

Student Signature: _____ Date: _____

Academic Director Signature: _____ Date: _____

If PS or ASN student, Specialty Director Signature: _____ Date: _____

Director of Student Financial Services Signature: _____ Date: _____

Compliance Officer Signature: _____ Date: _____

Senior Associate Dean for Academics Signature: _____ Date: _____