SAINT ANTHONY COLLEGE OF NURSING - ROCKFORD, ILLINOIS

POLICY #337

TITLE: WITHDRAWAL FROM THE COLLEGE

A student who withdraws from the College for any reason must notify the approved program Dean and the Associate Dean Support Services in writing, comply with the withdrawal procedure, and satisfy any financial obligations to the College.

Failure to follow policies and procedures outlined here could result in dismissal from the College.
POLICY #337

TITLE: WITHDRAWAL FROM THE COLLEGE

PROCEDURE:

The student will:

1. Obtain appropriate withdrawal form from the office of Student Affairs;

2. Meet with their advisor;

3. Meet with the Dean Undergraduate Affairs (if undergraduate student) or Dean Graduate Affairs & Research (if graduate student);

4. Satisfy all financial obligations to the College; and

5. Return completed withdrawal form with all appropriate signatures to the Associate Dean Support Services.

Associate Dean Support Services will:

Notify the student's instructors, the President of the College, Dean Undergraduate Affairs if undergraduate student, and Dean Graduate Affairs & Research if graduate student.
SAINT ANTHONY COLLEGE OF NURSING-ROCKFORD, ILLINOIS
WITHDRAWAL FROM THE COLLEGE FORM (POLICY # 337)

STUDENT: You must acquire all required signatures and return completed form to the Supervisor of Enrollment Management.

Student Name: __________________________________________ Enrollment Date: _____________________________

Program/track you are withdrawing from: _______________________________________________________________

Address: __________________________________________________________________________________________

City: ____________________ State _____________ Zip Code __________________________________________________

Please check the REASON FOR LEAVING. Explain each reason as fully as possible.

____ Health

____ Academic difficulty

____ Disciplinary difficulty

____ Financial difficulty

____ Did not meet career expectations

____ Chose other program/track/college/university

____ Other, please explain

Students receiving financial aid, please check all that apply:

ISAC-Monetary Award _____ Pell Grant _____ Student Loans _____ V.A. Benefits _____ Other _____ Please explain:

________________________________________________________________________________________

Do you plan to continue your education? Yes _____ No _____ If yes, where? ________________________________

Do you plan to return to SACN in the future? Yes _____ No _____ If yes, when? _______________________

Have you informed your instructors? Yes _____ No _____ Last Day of Class Attended: __________________

Has the Front Desk received the following items? (Front Desk Personnel Initials _____________)

Mailbox key ________ iclicker _________ Student ID _________

Student Account/Debt Reconciled? Yes _____ No _____ Bursar Initials _____________

________________________________________________________________________________________

Student Signature __________________________ Date __________________________

Advisor Signature __________________________ Date __________________________

Financial Aid Officer Signature __________________________ Date __________________________

Associate Dean, Support Services, Signature __________________________ Date __________________________

Dean (Undergraduate or Graduate based on the program you are in) Signature __________________________ Date __________________________