THE READING HOSPITAL SCHOOL OF HEALTH SCIENCES POLICY NO. 317

SUBJECT: Withdrawal from a Course

Responsibility of: TRHSHS Program Directors
Revised: February, 2005 Reviewed: 2011

Purpose

To provide guidance to the student who wishes to withdraw from a course

Procedure

Withdrawal from a course may affect a student's financial standing with the School and outside agencies. Students are encouraged to speak with a School financial aid officer before proceeding.

Students withdrawing prior to the mid-point of the semester will be granted a "W" in the course. Students withdrawing after the designated deadline will be assigned a "WP"(withdraw passing) or "WF"(withdraw failing). If the student does not officially withdraw by the end of the course and fails to attend class or complete the requirements of the course; an "F" will be recorded on his/her transcript.

To complete an official withdrawal from a course the student must:

- Meet with Course Instructor to discuss a request to withdraw from the course.
- Request a "Withdrawal from a Course Form" from the Registrar office.
- Fill out personal information and obtain signatures from the following individuals:
  - Course Instructor
  - Faculty Advisor/Counselor
  - Financial Aid Officer
- Schedule an appointment with the Program Director and bring completed form for Program Director to sign.
- Submit completed and approved form to the Registrar for processing
- Registrar will confirm the student's withdrawal from the course by notifying all appropriate faculty and staff.

Upon completion of an official withdrawal from a course; the student is responsible for meeting with student accounts to determine refund eligibility.

The Reading Hospital School of Health Sciences
Withdrawal From a Course

Section to be completed by student

Program (circle one):

Nursing Program
Paramedic Program
Clinical Pastoral Education Program
Radiologic Technology Program
Surgical Technology Program

Are you currently a Day or Evening/Weekend Student?_____Student ID #_____Date _____

Last Name_____First Name _____ Middle Initial_____

Address_____City_____State_____Zip_____

Phone_____Student Signature_____

Course(s) withdrawing from:

Course Code_____Course Instructor_____Grade W WP WF

Course Code_____Course Instructor_____Grade W WP WF

Course Code_____Course Instructor_____Grade W WP WF

Course Code_____Course Instructor_____Grade W WP WF

Section to be completed by Faculty

Curriculum Coordinator Signature_____Date_____

Course Instructor Signature _____Date_____

Faculty Advisor Signature_____Date_____

Financial Aid Officer Signature_____Date_____

Program Director Signature_____Date_____

Registrar Notification to all Faculty (please initial)_____Date_____