



VANDERBILT UNIVERSITY

Student Withdrawal from the School of Nursing

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

REASON GIVEN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

Drop Form Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

If not, reason:

\_\_\_\_\_

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_