

# UPMC Shadyside

*School of Nursing*

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Pittsburgh, PA 15232  
412-623-2950  
Fax: 412-623-4854

## WITHDRAWAL REQUEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Class (2005 Day, etc) \_\_\_\_\_

I wish to withdraw from the following courses:

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Reasons for withdrawal:

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I understand that I am required to complete all financial obligations to the school for any course or courses that I withdraw from. I understand my request for withdrawal could result in automatic withdrawal from the program. I understand that I must apply for re-admission and pay a \$25.00 re-application fee. I understand my re-admission is on a space available basis and at the discretion of the Director.

Signature \_\_\_\_\_

Acknowledged by: \_\_\_\_\_ Date \_\_\_\_\_

Comments:

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