



REQUEST FOR WITHDRAWAL FROM JOHNS HOPKINS SCHOOL OF NURSING

Students sometimes decide to end their studies for a variety of reasons (financial, academic, personal, or other). A student may request to withdraw from the School of Nursing (SON). It is expected that a student will meet with their academic/faculty advisor to discuss this decision before completing this form.

Note: Please be aware that withdrawing from the university during the current semester may effect billing and/or financial assistance. Students should discuss options and financial implications with [SEAM](#) before submitting this form.

Name: _____ JHED ID: _____

University Email Address: _____

Phone Number: _____ Date: _____

Academic Program & Level/Semester: _____

Withdrawal Effective Date/Semester: _____

Last Date of Attendance or Engagement with Academic Work: _____

Reasons for Request. Please check the appropriate box:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other (Briefly Describe): _____ |

Students: Please return completed form to your faculty/academic advisor.

Student Approval

- I understand that I have officially withdrawn from Johns Hopkins School of Nursing (JHSON).
- I understand the effect that withdrawing may have on my financial assistance and end progression towards earning a degree at JHSON.
- I understand that if I am in good standing, I may apply and be considered for readmission at JHSON.

Student Signature: _____ Date: _____

Faculty/Academic Advisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

After Program Director signature, send completed form to SON Office of Student Records, SON-Records@jhu.edu.