

Student Withdrawal Policy

This policy governs the procedures relative to a student's withdrawal from an education program sponsored by West Virginia University Hospitals.

I. Withdrawal with Notification:

- A. The student must submit a signed and dated, formal letter of resignation or a Student Resignation Statement to their Education Coordinator.
- B. The Education Coordinator will notify the Education Manager regarding the student's withdrawal request.
- C. The Education Manager will notify the appropriate financial aid agency(s) of the student's withdrawal and will perform the necessary calculations to determine potential tuition refunds, the amount of Title IV funds to be returned and/or the amounts the student is required to return to the institution. A copy of these calculations and the necessary actions will be forwarded to the Education Coordinator and the student.
- D. The Education Coordinator will schedule an exit interview with the student and will document in writing with subsequent student signature, the following items:
 1. The student must fulfill all financial obligations to the respective financial aid agencies and the Institution.
 2. The student must return all materials, which are the property of the Institution.
 3. All courses in progress at the time of withdrawal will be recorded on the student's transcript as "WD" (withdrew).
 4. The student is relinquishing their position in the program and readmission can only be obtained by re-entering the application process during the next enrollment period.

II. Withdrawal without Notification

- E. In the event that a student withdraws without notification (as evidenced by violation of the attendance policy), the Education Coordinator will:
 1. Document in the student's file the actual date it was determined that the student withdrew without notification.
 2. Initiate the steps outlined in sections B&C of this policy.
 3. Notify the student via mail, that they have forfeited their position in the program.
 4. Included in the notification the specifics outlined in section D of this policy and the financial aid information provide by the Education Manager.
 5. Document that in lieu of a "WD" grade designation, the student's transcript will reflect a failing grade of "F" for all courses in progress at the time of withdrawal.

Education Manager

Date

STUDENT RESIGNATION STATEMENT

I hereby voluntarily withdraw as a student in an education program sponsored by West Virginia University Hospitals because:

(Please check applicable reason(s) for withdrawal):

- I am not comfortable with the type of clinical experiences involved.
- I am not comfortable with this profession as a career.
- I am not satisfied with the quality of classroom instruction.
- I am not satisfied with the quality of clinical instruction.
- I am not satisfied with my performance in the program.
- Personal circumstances beyond my control force my withdrawal.
- I am not comfortable with the policies and guidelines of the program and/or institution.
- Conflicts involving program/institution personnel force me to withdraw. Please specify:
- I have received a more appealing career/educational opportunity.
- Other: (please specify)

COMMENTS: (relative to experiences in the program and/or suggestions for improvements)

I understand that I will receive no credit toward meeting the eligibility requirements for the certification exam in my respective profession and hereby voluntarily resign my student position.

Student's Signature: _____

Date: _____

Education Coordinator's Signature: _____

Date: _____