



Course Withdrawal Form

Students are able to drop, or add a course during the designated Drop/Add period at the beginning of each semester via their DukeHub accounts.

The decision to withdraw from a course after the scheduled Drop/Add period requires a student to meet with both the Academic Advisor and the faculty of the respective course(s). If the Academic Advisor and faculty of the respective course(s) agree to the withdrawal, the student then completes the “Course Withdrawal” form. Prior to submitting the form, it is the student’s responsibility to obtain required signatures from both the Academic Advisor and course faculty.

The faculty member teaching the course then forwards the signed form to the appropriate Program Director. The withdrawal will be indicated on the student's transcript as a “ Withdrew” (W). If the withdrawal is denied, the student must complete the course and will receive the final earned grade on his/her official academic transcript.

When a withdrawal is approved, the student should be aware that the Duke University School of Nursing is unable to guarantee registration in the course the next time it is offered. Consequently, the student may be delayed in completing the respective program since required courses are not taught each semester. Students who find it necessary to interrupt their program of study should formally request in writing a “leave of absence”. A maximum of one calendar year leave may be granted.

To request a leave of absence, please complete the Leave of Absence Form.

Completed form should be submitted to:

School of Nursing Registrar

DUMC 3322

Durham, NC 27710

Email: dusonregistrar@dm.duke.edu

Fax: (919) 684-4693

Course Withdrawal Form

Section 1: Student & Course Information

Student Name: _____

Duke Unique ID: _____

Program: ABSN MSN Certificate DNP

List the course(s) you would like to withdraw from within the program:

Is this a required course?

Yes

No

Please describe the rationale for seeking permission to withdraw from a required course.

Student Signature: _____

Date: _____

Section 2: Faculty Endorsements

To be completed by course instructor:

I have met with the student listed above and **approve** **do not approve** the request for permission to withdraw from the course. The student plans to re-take the course(s) during the _____ term.

Course Instructor: _____ Signature: _____ Date: _____

Additional Signatures:

Academic Advisor: _____ Signature: _____ Date: _____

Program Director: _____ Signature: _____ Date: _____

Notify Clinical Placement Office
(for office use only)