

Texas Tech University Health Sciences Center

Official Withdrawal Checklist

SCHOOL ENROLLED:

Allied Health Sciences  Medicine  Nursing   
Pharmacy  Graduate School of Biomedical Sciences

TALKED WITH ADVISOR:

Yes  No

Circle:  Fall  Spring  Summer  Summer I  Summer II

Year: 2 \_\_\_\_\_

Dean's Office \_\_\_\_\_

(Did student attend classes? Y  N )

HSC Bursar's Office \_\_\_\_\_

(Did student make a payment? Y  N )

HSC Office of Registrar \_\_\_\_\_

(Registrar's use only: Date withdrawal is official) \_\_\_\_\_

HSC Financial Aid Office \_\_\_\_\_

(Did student receive financial aid? Y  N )

Clinical Simulation Center \_\_\_\_\_

HSC Police (ID Badge) \_\_\_\_\_

HSC Lock shop (keys) \_\_\_\_\_

HSC Traffic & Parking \_\_\_\_\_

HSC Library-Records Closed \_\_\_\_\_

I acknowledge that I must seek readmission to return to this course of study and that previous enrollment does not assure me of priority consideration.

Federal Regulations require students who receive Federal Student Financial Aid and drop below halftime or withdraw from the university, return a calculated portion of their student financial aid to the school and their lender. As such, I understand any refund of tuition and fees that I may be due as a result of my withdrawal will be used towards the return of funds back to the school and lender.

I hereby acknowledge that by officially withdrawing, I am automatically applying for a refund of any remaining tuition and fees due me by this University. Furthermore, I understand that I am not considered officially withdrawn until this form is completed and received by the HSC Office of the Registrar.

If applicable, please send my refund check to the following address:

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Social Security Number/Banner ID: \_\_\_\_\_

Please return completed form to:

Office of the Registrar  
Texas Tech University Health Sciences Center  
Room 2C400

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

PROGRAM:

**Undergraduate Program**

PRE-LICENSURE

**Center for Innovation in Nursing Education**

RN-BSN PROGRAM

RN-MSN PROGRAM

SECOND DEGREE

**Graduate Program**

MSN

POST MASTER

SITE:

LUBBOCK

ODESSA

OFF SITE

**Please Print**

\_\_\_\_\_  
NAME

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

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
(AREA CODE) TELEPHONE NUMBER

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
ADVISOR

CONSULTED MY ADVISOR

HAVE NOT CONSULTED MY ADVISOR

Please be advised that I wish to withdraw from the TTUHSC School of Nursing. In doing so, I understand that I must seek readmission to the indicated program if I decide to return to this course of study. I further acknowledge that previous enrollment does not assure me of priority consideration for readmission.

**Answer only *one* of the following**

I am withdrawing from the following courses *before completing* the current semester

\_\_\_\_\_

I am withdrawing at the end of a semester and *have completed* the following courses

\_\_\_\_\_

Please score the degree of agreement with each objective statement and the degree of importance for each statement according to the key below. The rationale for scoring both agreement with and importance of the statement is to discriminate between where we are (agreement) and where we strive to be (importance). The two scores are used in calculating the gap analysis value for clear identification of areas of strength and challenges for improvement. Thank you!!

**Response Key to Objective Statements**

<u>Agreement with Objective Statement</u>	<u>Importance of Objective Statement</u>
1 = Strongly Disagree	1 = Extremely Unimportant
2 = Disagree	2 = Unimportant
3 = Somewhat Disagree	3 = Somewhat Unimportant
4 = Somewhat Agree	4 = Somewhat Important
5 = Agree	5 = Important
6 = Strongly Agree	6 = Extremely Important
NA = Not Applicable	NA = Not Applicable

<b>AGREEMENT</b>	<b>OBJECTIVE STATEMENT</b>	<b>IMPORTANCE</b>
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**1. The top three reasons contributing to my withdrawal from the School of Nursing include (please rate all remaining reasons as NA):**

1	2	3	4	5	6	NA	a. change in career goals/direction (TC)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	b. dissatisfaction with the program (TP)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	c. course work is too difficult (TD)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	d. insufficient financial resources (F)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	e. pregnancy (personal or spouse) (H)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	f. personal/family health related issues (H)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	g. personal/family relationship problem (FP)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	h. child care issues (FP)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	i. family leaving area (FL)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	j. work related issues (WK)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	k. English as a Second Language (TD)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	l. limited time management skills (TD)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	m. limited stress management skills (TD)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	n. military duty (M)	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	o. transfer to another institution (OS)	1	2	3	4	5	6	NA

AGREEMENT							OBJECTIVE STATEMENT	IMPORTANCE						
							<b>2. During enrollment in the SON - I experienced interactions with:</b>							
1	2	3	4	5	6	NA	a. sufficiently facilitative faculty	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	b. realistically supportive administrators	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	c. appropriately helpful staff	1	2	3	4	5	6	NA
1	2	3	4	5	6	NA	<b>3. I feel sufficiently supported in my decision to withdraw.</b>	1	2	3	4	5	6	NA

**COMMENTS**

1. What are the strengths of the School of Nursing?
  
2. What are the challenges/areas of improvement in the School of Nursing for you?
  
3. What strategies do you suggest to address the above challenges/areas of improvement?  
 asdfasdfasdfasdf  
 asdfasdf
  
4. What is the *one primary* deciding factor for your decision to withdraw from the School of Nursing?
  
5. What were the deciding factors for your decision to enroll initially in the School of Nursing?

6. Other Comments: