

Appendix A

East Carolina University College of Nursing Application to Return to Course Withdrawn or Failed

Per the College of Nursing Undergraduate Student Handbook, a student who chooses to withdraw from a nursing course due to academic or personal (non-academic) reasons will not be guaranteed a seat in the subsequent semester. Each non-academic case will be based on space available. Each academic case will be decided by the Undergraduate Student Affairs Committee in consultation with the Associate Dean for the Undergraduate program and space availability for non-academic withdrawals.

Students with two or more grades less than C are not allowed to progress in the program, but may appeal to Undergraduate Student Affairs Committee if they feel there were extenuating circumstances. An approved appeal does not guarantee that you will be able to continue the very next semester. Students with only one NURS course grade below C will have priority for available seats.

If you have only one course grade below C and wish to repeat the course, please complete the following. If space is not available in the subsequent semester, you may then consider the College of Nursing Readmission Procedure, provided in the CON Undergraduate Student Handbook.

Name _____ Banner ID _____

ECU e-mail address _____

Have you been employed within the last 5 months? Yes _____ No _____

Average number of hours worked per week _____

Are you enrolled full time (12+ credit hours) or part time (6-11 credit hours)? _____

Average number of study hours per week for each class (not including time in class):

_____ Class _____ Study hours per week

_____ Class _____ Study hours per week

_____ Class _____ Study hours per week

_____ Class _____ Study hours per week

_____ Class _____ Study hours per week

Do you participate in any campus or community activities? If so, what activities, and how often?

Course number and name with grade below C _____

Semester/Year course was taken _____

Faculty for the course _____

Provide a brief explanation describing why you feel you failed the course:

Please list any resources (i.e. met with faculty, peer tutoring, counseling sessions, success workshops, etc) utilized and how often the resources were used.

Provide concisely a list of any actions you have taken or the plan you have developed to increase future academic successes in nursing courses.

Any other information you would like to share?

Submitted to Executive Director of Student Services

Date submitted _____

CON Undergraduate Student Affairs

Date request reviewed _____

_____ Approved _____ Not Approved

Priority (1 = high, 4 = very low)(circle one): 1 2 3 4

CON Associate Dean for Undergraduate Program

Date request reviewed _____

_____ Concur with UGSAC

_____ Do not concur with UGSAC

If do not concur, recommend _____

Number of students projected for course in upcoming semester _____

Space available for upcoming semester _____ Yes _____ No

Semester student may apply for readmission (pending space available) _____

Executive Director of Student Services

Date student notified of decision in writing _____
(attach copy of letter and/or e-mail)

East Carolina University College of Nursing
Faculty Report to Accompany Application to Return to Course Withdrawn or Failed

Faculty Name _____ Course _____

Student Name _____ Semester/Year _____

Final course grade (letter and numeric): _____

Please list the grades the student earned in the course (tests, quizzes, final exam, papers, projects, etc):

How many times did the student meet with you? _____

What strategies or resources were recommended to the student?

Did the student follow through or communicate with you about the action they took to utilize the recommended strategies and resources?

If you have the information, please complete as much of the following as possible:

- How many test reviews did the student attend? _____
- Did the student meet with counseling services? _____ (may ask SDC)
- Did the student attend class regularly? _____
- Did the student attend any special review/study sessions offered by faculty (e.g. concept mapping, review sessions prior to tests, etc)? _____
- Did the student attend any special sessions held by Student Development and Counseling? _____ (may ask SDC)
- Did the student attend peer tutoring? _____ (may ask SDC)

Did the student ever discuss any extenuating circumstances with you? _____

Any other information you would like to share?

Please return this completed form to the Executive Director of Student Services.

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