Middle Tennessee State University
School of Nursing
 Interruption of Program of Study Form

Please complete the following information:

Students Name: ___________________________ Date ___________________________

M-Number _____________________________ Traditional Track ______ RN to BSN ______

Current Semester in Upper Division BSN Nursing Program: 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___

School of Nursing Advisor: __________________________

Have you met with your advisor to discuss interrupting your program of study or leaving the nursing program? Yes: ______ No: ______

Reasons for requesting an interruption, or for leaving (Circle all that apply):

Grades Medical/Health Financial Changing Schools Change of Major Moving Other (please describe):

Please read and initial the following statements:

______ I understand that I must complete the Upper Division Nursing Program within four (4) years of the first semester I took Upper Division classes.

______ I understand that if a new curriculum is in place when I return that I will be required to fulfill the requirements of this new curriculum.

Student Signature: ____________________________ Date: __________________________

**Note: This form may be faxed to the School of Nursing at 615-898-5441 to Kim Floyd-Tune’s attention, scanned and emailed to: Kim.Floyd-Tune@mtsu.edu or brought to Room 221 A.

Chair of Admissions Committee Name ___________________________ Date Notified __________

Director of School of Nursing notified Yes____ Date ________

Current Semester Faculty notified Yes____ Date ________

Notes: __________________________________________________________________________________