Undergraduate Interruption of Program  
MTSU School of Nursing

**Please complete the following information:**

Students Name: ___________________________  Date ______________________

M-Number _____________________________

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, dropping a class 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 I can only withdraw from one or more classes in a semester or the entire semester one time only.

_______ I understand that my completion of an Interruption of Program Form does not guarantee readmission to the program.

_______ I understand that I am the one that has to drop my own classes either via Pipeline or One Stop and that a Drop/Add form may be required.

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: ____________________________________________________________________________

Revised 10/12/2020