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.

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 3/27/2018