

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: _____