

Health Sciences Programs
Student Exit/Dismissal Form

Name: _____ Student ID: _____ Date: _____

Program Area: _____ Previously on Academic Probation (Y/N) _____

Reason for Exit/Dismissal:

- Didactic Psychomotor (Clinical) Psychomotor (Laboratory)
 Affective/Professionalism Personal Withdrawal

Please elaborate on the reason for exit/dismissal that was checked (see additional documentation if available): _____

Exit Interview: _____ **Date** _____

Please make a brief statement regarding your interview with the student (see additional documentation if available): _____

Readmission Status

- The student may return to the program during the (Fall/Spring/Summer, 20__) semester if **space is available** and contingent upon the student: (check all selections that apply)
- Retaking course(s) #: _____
 - Completing the incomplete in: _____
 - Obtaining remediation in: _____
 - Meeting requirements of the program's course repetition and transfer policies (see attached)
 - Other: _____
- The student is denied readmission to the program.

I have read this student exit/dismissal form and have been given a copy for my records. I will notify SRJC Records and Admissions of my withdrawal.

Student / Date

Director / Date