Withdrawal and Special Student Status

Student Information (please print)

Last Name ____________________________    First Name _____________________________

UMID ___________________________   Email _________________________________

If you plan to withdraw from the School of Nursing, it is important to understand the following: Special student status is granted in the School of Nursing for two semesters only. Students who become special students are registered as School of Nursing students but may enroll in courses of their choice rather than following the nursing curriculum. They use this semester to meet admission requirements of other U of M units or another institution to which they hope to transfer.

1. Anyone seeking special student status must meet with an academic advisor to discuss this request.
2. If you want to transfer to another U of M unit you should submit a cross-campus transfer application to the Office of Undergraduate Admissions, in the Student Activities Building as soon as possible.

After your second special student term you cannot register again as a nursing student. If you are accepted to another school on campus, you will register for your courses through that school. If you have not been admitted to another school, you will not be allowed to continue at the University of Michigan!

3. As a special student in Nursing, you are still required to follow the School of Nursing’s academic policies, even if you are not taking any Nursing courses. The School of Nursing’s policies sometimes differ from other schools on campus. If you have any questions about deadlines, policies, etc., please contact your Academic Advisor.

_____ I have decided to withdraw from the School of Nursing as of ________________________.

_____ I am requesting Special Student Status for the ________________________________ term(s).

I have discussed the rules governing Special Student Status as outlined above with my academic advisor. I understand that it is my responsibility to follow these rules and to contact a School of Nursing academic advisor immediately with any questions that may arise.

Student Signature ____________________________________________   Date ______________

Advisor Signature ____________________________________________   Date ____________

Date of Special Student Status Approval _____________________________