The University of Texas at El Paso  
School of Nursing  
Request for Course Withdrawal

To: Assistant Dean for Undergraduate Education

From: ____________________________ __________________________
Name ____________________________ UTEP ID#
Phone Number ____________________________ E-Mail ____________________________

I am requesting permission to withdraw from the following course:

NURS \[Course Number \]| Course Title | Semester
\hline

Reason/s for withdrawing:

Explain your strategies to be successful on the next attempt at this course [be specific]:

Read the following and sign:

I am fully aware of the following information and consequence regarding withdrawing from a nursing course as attested by my signature below:

- “…A student may withdraw only once…In accordance with University policy, a Nursing course may only be attempted twice. A withdrawal from a course that results in a “W” counts as an attempt. Failure to successfully complete a Nursing course in two attempts results in dismissal from the School of Nursing” (Excerpts from UTEP-SON Undergraduate Student Handbook, Section on Nursing Course Repeat Policy and Withdrawal, pp. 15).
- My re-enrollment in this course will be based on space availability.

_____________________________ ______________________
Student Signature Date

Approved / Not approved ____________________________ ____________________________
Asst. Dean for UG Education Date

This form must be turned in personally to the Asst Dean; it cannot be faxed, emailed or dropped off.