SCHOOL OF NURSING
NURSING STUDENT
ATTRITION/PERSISTENCE DOCUMENTATION

Name of Student: ________________________________________ (name must be legible)

Course No. _____ Semester: _______________ Academic standing in class: _______
(Semester/Year)

Please check one: → _____ Attrition Form _____ Persistence Form
(Attrition: Student is out of program; Persistence: Student is continuing in program.)

Original Entry Class: ____________________ ; Original Graduating Class: ______________

Please check one:

(1) _____ Student dropped or withdrew from the course and/or program.

Reason:
________________________________________________________________________

(2) _____ Student failed the course for the ___________________ semester
(Semester; Year)

Student’s current plans:

Please check one:

(1) _____ Student will repeat ________ in________ if petition to Student Affairs Committee is
Course # Sem/Yr.

submitted and approved.

(2) _____ Unknown

Other (Please write current plans here if not #1 or #2 above):
________________________________________________________________________

* Did the student identify any resources or help that would have prevented his/her dropping or

withdrawing from the course?  ___ No ___ Yes  (If Yes, please comment.)
________________________________________________________________________

* Did the student identify anything that would have prevented his/her failing the course?

___ No ___ Yes  (If Yes, please comment.)
________________________________________________________________________

_________________________________________    __________________________
Faculty Signature      Date Signed