

## PROCEDURES FOR STUDENT WITHDRAWAL

A student withdrawing from the Program either voluntarily, or dismissed because of academic or disciplinary actions, or because of health reasons, must return the property of Regional West to the Program Director. The student's grades shall not be released to any party until all portions of the withdrawal policy are completed.

Responsibility: Program Director, Student  
Standard: Human Resources

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The following is the process for student withdrawal:

1. Written notification to the Program Director (with voluntary withdrawal)
2. Return of all books or other property belonging to the sponsoring organization or one of the clinical educational settings loaned to the student for use while in the Program.
3. Turn in radiation monitor badge and identification badges
4. Settle any outstanding bills with the Program
5. Removal of all personal property from campus.

Until these steps are completed, release of any grades to the student or any other institution will not be made.

The accompanying form may be used to assure the student has met this policy's requirements.

No reimbursement will be provided for books, uniforms, or any other supplies purchased by the student for the Program.

Tuition refunds are governed by Policy 722.8.03.05 Tuition Policy

Joint classes with University of Nebraska – Kearney, Chadron State College, Western Nebraska Community College or Eastern Wyoming College or other academic institutions where tuition and fees have been assessed, are subject to the appropriate institution's policies for reimbursement.

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Signature  
Stephanie Cannon, MSRS, RT(R)(ARRT)  
Program Director

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Signature  
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)  
Director of Imaging Services

Reviewed: 12/12/94, 12/6/99, 7/31/01, 3/26/03, 7/14/11, 2/16/12, 4/18/13, 2/14/14, 2/6/15, 3/4/16, 1/27/17,  
1/26/18, 4/28/2020, 9/2/2021, 2/17/22, 2/29/24  
Revised: 09/22/88, 5/7/98, 5/31/04, 3/29/06, 08/12/08, 1/24/19, 2/16/2023

**STUDENT WITHDRAWAL CHECKLIST**  
**(optional use)**

NAME \_\_\_\_\_ Date \_\_\_\_\_

CHECK LIST

- \_\_\_\_\_ Written notification of withdrawal
- \_\_\_\_\_ Books loaned out to student
- \_\_\_\_\_ Mailbox cleaned out
- \_\_\_\_\_ Radiation Badge turned in
- \_\_\_\_\_ ID Badges turned in
- \_\_\_\_\_ North Locker cleaned out (Imagines Services Department)
- \_\_\_\_\_ South Locker cleaned out (St. Mary's Plaza)

Program Director or Chief Clinical Preceptor to sign off on these items

**REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY**  
**NOTIFICATION OF VOLUNTARY STUDENT WITHDRAWAL**  
**(optional use)**

I, \_\_\_\_\_, wish to voluntarily withdraw from  
Regional West Medical Center School of Radiologic Technology.

My last day to attend Regional West Medical Center School of Radiologic Technology  
will be \_\_\_\_\_.

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Signature

Printed Name

Date