



EMAIL WITH READ AND DELIVERY RECEIPT REQUESTED  
AND OVERNIGHT TRACEABLE MAIL

Date

## School of Nursing

Mail code: SN-ADM  
3455 US Veterans Hospital Rd.  
Portland, OR 97239-2941

[www.ohsu.edu/son](http://www.ohsu.edu/son)

Student Name

Address

City, Zip Code

Dear Ms./Mr. Last Name:

This letter is to inform you that we have begun the process of **Administratively Withdrawing** you from OHSU School of Nursing (*insert program*) because (*example: you failed to register term/year and/or you have not returned as planned from your leave of absence LOA, etc*).

Students must be continuously enrolled during the academic year unless on an approved leave of absence (LOA). Students who fail to register for a term, as expected based on their program of study, and are not on an approved leave of absence, will be administratively withdrawn (*School of Nursing Catalog, page 99*).

If you believe we have made an error regarding this matter, you must contact your Senior Program Associate (*insert name and email*) within 10 days of the date of this letter. We wish you the best in your future endeavors.

Sincerely,

Program Director/Campus Associate Dean  
OHSU School of Nursing

Cc: Program Director/Campus Associate Dean  
Registrar  
Student Advisor  
Student File  
Dean and Vice President for Nursing Affairs **OR**  
Senior Associate Dean for Student Affairs and Diversity