



EMAILED RETURN RECEIPT DELIVERY REQUESTED
OVERNIGHT TRACEABLE MAIL

School of Nursing

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

www.ohsu.edu/son

DATE

Student Name
Address
City, Zip Code

Dear (Student name),

I am writing to inform you that you are being recommended for **(dismissal/suspension)** from Oregon Health & Science University (OHSU) School of Nursing (SoN) **(insert program)**. You are being referred for dismissal because you have received **(insert reason based on progression policy criteria. Example, two 0, NP or WU grades in the following courses during term/year or other conduct, etc.)**:

NRS XXX: Course Title
NRS XXX: Course Title

We regret that you have encountered problems in your academic studies and are sympathetic to your situation, and in accordance with OHSU policy 02-30-050, Student Suspension, Dismissal and Appeal, you will have an opportunity for your situation to be reviewed by the SoN Student Progress Review Committee which will conduct an impartial review of the program recommendations to **(dismiss/suspend)** you. All proceedings are closed to the public, however you have the right to bring an advisor or support person to the hearing. If the advisor or support person is an attorney, you must notify me at least 5 business days prior to the hearing. After the hearing, committee members will deliberate in closed session and make a recommendation to the Dean for consideration within 10 business days of the deliberations. The Dean will consider the recommendations and make a decision regarding the **(dismissal/or suspension)** and will inform you in writing within 10 business days of the decision.

The date and time of the hearing that has been scheduled for you is listed below.

Insert hearing date/time/location (letter must be sent 10 business days prior to the meeting)

You will be allowed to continue in the program **(NOTE: UNLESS SUSPENDED)**, pending the outcome of the hearing **or you may notify me in writing if you would prefer to withdraw from your program prior to the hearing.**

Please feel free to contact me if you have any questions.

(Note to PDs and CADs: All dismissal letters will be sent from the Senior Associate Dean for Student Affairs and Diversity. The hearing will be chaired by the Senior Associate Dean for Academic Affairs)

Sincerely,

Senior Associate Dean for Student Affairs and Diversity
OHSU School of Nursing

Cc: Program Director/Campus Associate Dean
Dean and Vice President for Nursing Affairs
Senior Associate Dean for Student Affairs and Diversity
Assistant Dean for Academic Services
| Registrar
Student Advisor
Student File