**Montana State University - Professional Student Behavior Policy**

**NOTICE OF PROGRAM DISMISSAL**

**Form C**

The following provides official notice of the decision to remove a student from the nursing program who fails to conform to reasonable standards of performance and behavior. The CON has determined the behavior i) has continued after previous opportunities to achieve professional behavior; ii) presents a threat to the health or safety of others, or iii) is sufficiently severe or egregious.

Date: Click or tap to enter a date.

Student Name (Last, First MI): Click or tap here to enter text.

Course name and number: Click or tap here to enter text.

The student has failed to conform to the following component(s) of the Professional Student Behavior Policy requirement(s) (state behavior and attach Form A):

Click or tap here to enter text.

Describe the circumstances to support removal from the program:

Click or tap here to enter text.

In summary, the behaviors noted above warrant immediate program dismissal. I understand that I may appeal this decision to the College of Nursing Scholastic Committee.

Campus Director or Graduate Clinical Program Lead signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature indicates that the student has read this notice.)

Student Comments:

Distribution: Original to Associate Dean for Academic Affairs (for student file);

Cc: Campus Director or Graduate Clinical Program Lead; Student’s Advisor