



ANGELO STATE UNIVERSITY

College of Health and Human Services
Department of Nursing

GRADUATE NURSING STUDENT ATTRITION FORM

Student Name: _____ CID #: _____

Faculty Completing Form: _____ Date: _____

Number of Semesters in Program to date: _____

Student's reason for leaving Angelo State University's Graduate Nursing Program:

Family Obligations

Relocation

Financial Barrier

Change Major

Transfer to another institution of higher education

Poor Academic Performance

Unknown

Other _____

Comments:

Faculty Signature

Date