

**NEW YORK CITY COLLEGE OF TECHNOLOGY**  
**DEPARTMENT OF NURSING**  
**DEPARTMENT ATTENDANCE**  
**REFERRAL FORM**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COURSE:** \_\_\_\_\_ **SECTION:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ has been advised to make an appointment with the Chairperson of the Department of Nursing, within the next 24 hours after return from absence. The student will not be allowed to return to class or clinical area until an appointment has been made to resolve the matter. The student and the Departmental Chairperson have received a copy of this memorandum.

**Instructor's Signature:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_