



UNIVERSITY OF  
**SOUTH CAROLINA**  
BEAUFORT

Department of Nursing and Health Professions

## Student Petition

Students who wish to petition the Department for consideration of a specific issue (including re-entry or advanced placement) or who intend to file a formal grievance must complete this form (Forms available in the Departmental office.)

**NAME (print):** \_\_\_\_\_ **VIP ID #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**Advisor Action (if indicated)** \_\_\_\_\_

**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### PETITION

\_\_\_ Re-entry into clinical sequence or program      \_\_\_ Advanced Placement

\_\_\_ Other (explain) \_\_\_\_\_

If Re-entry, you must attach a document addressing the following information:

- Factors that contributed to your poor academic performance [include documentation if applicable].
- Actions you have taken to rectify this problem [include documentation if applicable].
- Plan for succeeding with your educational goals if the committee approves your decision.

**Department Chair Decision** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Affairs Committee Decision:** Approved  Disapproved

**Reason for Decision** \_\_\_\_\_

**Student Affairs Committee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_