



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) must complete this form (Forms available in the Departmental office.) Please attach a letter detailing the issue and what action you are seeking.

NAME (print): _____ VIP ID # _____

EMAIL: _____

HOME ADDRESS: _____

PETITION REQUEST:

Re-entry into clinical sequence or program Advanced Placement

Other (explain) _____

SIGNATURE: _____

DEPARTMENT USE ONLY

Student Affairs Committee (SAC) Recommendation: Approve Request Deny Request

Rationale for Decision: _____

SAC Chair Signature: _____ Date _____

Department Chair Decision: Approve SAC Recommendation Deny SAC Recommendation

Rationale for Decision: _____

Dept Chair Signature: _____ Date _____