

SCHOOL of NURSING AND HEALTH STUDIES (SoNHS) – PETITION FOR EXCEPTION FORM
All request must be completed and submitted to
SoNHS Student Services 10 business days prior to the regularly scheduled Student Affairs meeting.

STUDENT NAME	STUDENT ID #	DATE
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CURRENT ADDRESS W/STREET, CITY, STATE, ZIP

E-MAIL _____ HOME PHONE _____ WORK PHONE _____

CURRENT PROGRAM

BHS BSN (PL/AT) RN-BSN BSPH PhD

MSN:

- Adult-Gerontology NP (AGNP)
- Women’s Health NP (WHNP)
- Pediatric NP (PNP)
- Family NP (FNP)
- Nurse Educator (NE)
- Psychiatric Mental Health NP (PMHNP)
- Neonatal NP (NNP)
- Acute Care Pediatric NP (ACPNP)

DNP:

- Adult-Gerontology NP (AGNP)
- Women’s Health NP (WHNP)
- Pediatric NP (PNP)
- Family NP (FNP)
- Certified Registered Nurse Anesthetist (CRNA)
- Acute Care Pediatric NP (ACPNP)
- Post Master’s

Other (i.e. certificate programs) Program Name: _____

NOTE TO ALL STUDENTS: If you are making a request that will change your plan of study, please be aware that future course placement, including clinical coursework, will be on a space available basis, and graduation may also be delayed.

Please initial one of the options below.

Yes, I am aware the above stated information.

No, I will need to meet with my assigned Academic Advisor and Program Director.

Identify the policy (From the SoNHS Policy & Procedure manual) you are addressing with this petition.

Policy Name: _____

Please attached a typed explanation of the circumstances that support this petition for exception and why it should be considered. (If you are requesting a plan of study change, please also address your awareness of how this request may deviate with your progression.) ***The brief explanation needs to be limited to 600 words or less on a separate document.***

I acknowledge accuracy of this petition, and that the petition and supportive documentation will be electronically uploaded and viewed by members of the Student Affairs Committee and will become a permanent part of my student record.

Student Signature and Date of Application

Reviewed by Academic Advisor (Signature & date)

Program Director Signature and Date

Tentative Date of Next Student Affairs Committee Meeting

Date Received in Student Services

This request will be reviewed at the next Student Affairs Committee meeting and a final decision will be emailed to you.

Student Affairs Decision and Date

Approved and Date _____

Not Approved and Date _____

Student Affairs Committee Chair Signature & Date Email (with Read Receipt) Sent to Student:
