

**Christine E. Lynn College of Nursing**

**Bachelor of Science in Nursing Petition Form**

**Petitions are reviewed monthly August through May by the Admission, Progression, and Retention subcommittee. Students are notified of the results of the review and final decision via FAU email.**

**Directions:**

1. Fill-in all required information on this form.
2. Attach a **typed** memo (maximum two pages) describing:

* **Specific description of what is being requested**
* **A short description of why the petition is being requested**
* **A detailed action plan on changes for academic success**
* **Medical document if applying for Exceptional withdrawal**

1. Petition form must be signed by a faculty member or your advisor with whom you have consulted prior to consideration of the petition by the Admission, Progression and Retention Sub-Committee
2. Submit the completed form and typed memo to your academic advisor.

**Student Name: Z #:**

**Address:**

**City: State: Zip Code:**

**Local Telephone:**

**FAU Email (Required)**

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Please check the appropriate status:

\_\_\_\_\_Freshman Direct Admit Track

\_\_\_\_\_Accelerated Track

\_\_\_\_\_Second-Degree Part-Time Track

\_\_\_\_\_RN-BSN Track

The student requests:

\_\_\_\_\_Waiver of Graduation Requirement \_\_\_\_\_Reinstatement in BSN Program

\_\_\_\_\_Waiver of Pre-requisite Requirement \_\_\_\_\_ Financial Reinstatement in BSN Program

\_\_\_\_\_Late Withdrawal\* \_\_\_\_\_ Late Add a Class (Term) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Semester Exceptional Withdrawal (list courses below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*List Term** | **Course** | **CRN** | **Section** | **Credits** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\_\_\_\_\_Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby certify that these facts are true and accurate to the best of my knowledge.**

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty/Advisor’s Recommendation (If there is no faculty or adviser recommendation, the petition may not be reviewed.)**

**I have read this petition and talked with the student about the petition.**

**Needs further discussion I recommend favorable action**

**I do not recommend favorable action**

**Comments:**

**Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty or Adviser**

**For College Office Use Only**

**Admission, Progression and Retention Committee Review**

**Petition Decision**

**\_\_\_\_ Approved \_\_\_\_ Denied**

**Comments:**

**Approved Final Action (office use only)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Dr. Joy Longo, PhD, RNC-NIC Date**

**Assistant Dean, Undergraduate program in Nursing**

**Date of Student Notification:**