**Christine E. Lynn College of Nursing**

**Bachelor of Science in Nursing Petition Form**

**Directions:**

1. Use for course waivers, College of Nursing requirement exceptions, course equivalent/substitution requests and other College of Nursing requests.
2. You are encouraged to attach a **typed** explanation of the problem. Tell your story in time order. Take time to write your explanation; you will need to convince the committee.
3. All petition forms must be signed by a faculty member or your advisor with whom you have consulted prior to consideration by the Admission, Progression and Retention Sub-Committee
4. Submit the completed form via fax (561)-297-3652.
5. Petitions are reviewed monthly August through May by the Admission and Progression Sub- Committee.
6. You will be notified of the results of the review and final decision via FAU e-mail.

**Student Name: Z #:**

**Address:**

**City: State: Zip Code:**

**Local Telephone:**

**FAU Email (Required)** Please print e-mail address very clearly. Some letters and numbers can appear similar and would delay communication

**Primary Campus:**

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

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

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

**Assistant Dean, Bachelor of Science in Nursing Program**

**Date of Student Notification:**

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 \_\_\_\_\_Late Add a Class\*

\_\_\_\_\_Late Withdrawal\*

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

\*List Term, Course, CRN, Section and Credit \*List Term, Course, CRN, Section and Credit

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

**A typed explanation must be attached before submitting this petition for any selected request above.**

**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**

**Admission, Progression and Retention Committee Review**

Please see attached sheet.