

INDIANA STATE UNIVERSITY COLLEGE OF NURSING

Petition for Exception to Progression

TO BE COMPLETED BY STUDENT (Please refer to Indiana State University Catalog for the sequencing of courses in the Undergraduate curriculum)

Date _____ Student Name _____

Student ID _____ Home Telephone Number _____

Academic Term for Request _____

Course(s) requested to be taken during academic term

Rationale for request _____

RETURN TO OFFICE OF STUDENT AFFAIRS

OFFICE USE ONLY

Signatures must be obtained in the following order

I. Department Chairperson :

Approve _____ Disapprove _____ Defer _____ Date _____ Signature _____ Rationale _____

II. Advisor :

Approve _____ Disapprove _____ Defer _____ Date _____ Signature _____ Rationale _____

III. Nursing Faculty:

Approve _____ Disapprove _____ Defer _____ Date _____ Signature _____ Rationale _____

Approve _____ Disapprove _____ Defer _____ Date _____ Signature _____ Rationale _____

Approve _____ Disapprove _____ Defer _____ Date _____ Signature _____ Rationale _____

Approve _____ Disapprove _____ Defer _____ Date _____ Signature _____ Rationale _____

Return Form to Student Affairs Office

Disposition: All Approve _____ Date Student Notified _____ by _____

To Student Affairs Committee (if needed): Approve _____ Disapprove _____ Date _____

Date Student Notified _____ by _____

Conditions of approval by Student Affairs Committee: None _____

Conditions _____