

Rhode Island College – School of Nursing Petition

PLEASE PRINT

Name:		Student ID#:	
First	MI Last		
Address:			
Street	City	State	Zip
Email Address:	Phone #:	Student Signature	:
PURPOSE OF YOUR PETI	TION:		
Request to take a	ll five beginning level nursing courses		
□ Waiver of a reten	Vaiver of a retention policy/course prerequisite Course and number:		
Academically disr	nissed and seek reinstatement		
Waiver of prerequired	isite of Nursing 370 prior to Nursing 376		
□ Other (please specif	ÿ):		
REQUIREMENTS FOR PE	TITION		
 Any supporting docu 2. Meeting with Faculty A 	confidential nature, you may ask to meet wit mentation Advisor/Director of BSN Program or Des r/Director of BSN Program or Designee		
-			Date:
Ivanie (please print):	Faculty signature (Signature indicates ad	knowledgement of meeting with the stu	Date
Please check one:	□ Support with reservations □ I met t meeting with the student:		
3. Committee Decision			
Recommendations/gener	al comments after reviewing student's petit	ion:	

(Committee Chairperson)

Date:

Committee use only: Date petition reviewed:

Signature:

□ Approve □ Deny □ Other

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