

Valdosta State University
School of Nursing
Exception to Policy Petition

This form is to be completed by any student requesting action/decision that would require an exception to any School of Nursing policy.

Date of Petition:

Student Name:

VSU ID Number:

Email Address:

Phone Number:

Mailing Address:

Student Classification:

Pre-nursing (include copy of transcript)

Junior 1

Junior 2

Senior 1

Senior 2

MSN

DNP

Other (please specify):

Petition Type:

Waiver of course requirement

Waiver of other requirement (specify below)

Permission to take coursework out of sequence

Other (please specify):

Rationale for petition: Student will attach a Word document to describe the action that is requested, along with rationale or description of circumstances that warrant an exception to policy. Please include any other relevant supporting documents the committee may need to review.