

Petition for Exceptions to Edson College Protocols

Name		ASUID Email		
Progran	m of Study	Campus		
	Direct Admit Nursing (Fr/So)	☐ Downtown Phoenix		
	Traditional Clinical Division Nursing (Term 5-8)	□ West		
	Postbaccalaureate Clinical Nursing	Online		
	RN to BSN/Concurrent Enrollment Program	Are you a student in Barrett, The Honors College?		
	Healthcare (Specify Major below)	☐ Yes ☐ No		
	Major:			
	Graduate (Specify Program and Concentration below)			
Program & Concentration:				
Reason for Petition Request				
	Register for HCR 240 and MIC 206 concurrently			
	☐ Defer start of upper division program (include campus to which you want to defer in rationale)			
	☐ Credit for a science requirement taken more than 7 years from program start date			
	I have attached a current resume (7+ year old science credit only)			
	☐ Course substitution for Health Care Related (HCR), NUR, RN to BSN, or Graduate course			
	Substitute course prefix and #	for ASU course prefix and #		
	Name of academic institution			
	Semester completed	Credit hours Grade		
	I have attached a course catalog description and syllabus for this course (Course substitution only)			
	Repeat a Nursing course			
	ASU course prefix and #			
	Course type:	☐ Practice ☐ Theory		
	I have attached a letter of support from faculty for course repeat			
	Return/readmission to progression in:			
		Select one:		
	☐ Post-Baccalaureate	Return from withdrawal or deferral		
	RN to BSN	Failed two courses in pre-licensure or RN to BSN		
	☐ Graduate	Course failed/semester		
	Last semester attended	Course failed/semester		
	Readmission semester			
	Fingerprint restriction	form for any wint of a supplier and about it as a section of		
		f my fingerprint clearance card showing restriction		
Rationa	Other			
		uest. An additional page may be attached if necessary		

Academic Advisor Comments		
Signature/Title		Date
Committee Action		
☐ Hold ☐ Approved ☐ Denied	Hold Date	
Committee Comments		
Signature/Title		Date