

Curriculum Petition Form

Name (list previous names if applicable): _____

OSU ID: _____ OSU Email: _____

Phone: _____ Date Form Submitted: _____

Current Program: Traditional BSN RN to BSN Pre-Nursing
 HWIH Pre-HWIH Certificate Program

Have you spoken with an advisor about this: Yes No

Advisor: _____

Request Type:

- General Education Requirement Exception: Seeking permission to take a course not listed on degree audit
 Out of Sequence/Leave of Absence: Seeking permission to modify sequence of required nursing courses
 Other

Request Details:

Please attach additional page(s) outlining the details of your request, and any supporting documentation.

NOTE: You are required to provide a copy of your advising report with this form. Incomplete forms will not be reviewed.

Send this form and all related documents by email to the academic advisor listed on your BuckeyeLink account. Students who do not have a current academic advisor assigned should send to nursing@osu.edu.

For office use only: _____

Decision: Approved _____ Denied _____ Approved with conditions _____

Conditions _____

Signature _____ Date _____