

Curriculum Petition Form

Name (list previous names if applicable) _____

OSU ID _____ Last name.# _____

Phone _____ Email address _____

Date form submitted to academic advisor* _____

I have spoken with an advisor about this petition Yes _____ No _____ Name _____

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

* Before submitting this form to the Office of Student Affairs, please provide a copy of your advising report. Incomplete forms will not be reviewed.

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 if needed)

For office use only:

Decision: Approved _____ Denied _____ Approved with conditions _____

Conditions _____

Signature _____ Date _____