For Official Use Only		
Received by:	Date:	

## University of Arkansas College of Education and Health Professions Eleanor Mann School of Nursing

## **Petition to Student Affairs Committee**

**Instructions:** Please complete all information below. All questions must be answered in order for petition to be considered. Your petition will be processed using the information you have provided. Incomplete or inaccurate information will delay review and notification. All supporting documents (course descriptions, syllabi, etc.) must accompany your petition in order for your petition to be reviewed. You must be admitted to the Eleanor Mann School of Nursing before submitting this petition. Submit completed form to **your academic advisor**. Paper forms will not be accepted. Once your petition has been submitted to your advisor, it will be forwarded to the EMSON Undergraduate Student Affairs Committee.

Full Name: UARK Email:	University ID: Date Submitted:			
State the policy to which you would like an excepti	policy to which you would like an exception. Refer to the Student Handbook:			
Semester for which Admission or Advancement is requested: List the Nursing Course(s) or Prerequisite(s) involved:				
Advisor Notified: Yes No				
Advisor Comments:				
Committee Review/Comments:				
Committee Decision: Denied Approved				
Committee Signature:	Date:			
Notified Student via: Email Written Letter	Date:			
Director Signature:	Date:			

The Student Affairs Committee meets once a month. Your petition will be submitted to the next scheduled meeting.

Revised 04-2023 Page **1** of **2** 

N	ame:	University ID:
1	State why you were unable to meet the extenuating or contributing factors.	requirements stated in the policy and include
2	Have those circumstances been resolved	d or addressed?
3	If not, how do you plan to resolve or addi above?	ress the mitigating circumstances described
4	Include a specific action plan on how you	will be successful, be specific.
5	Attach supporting documents that contain consider. Include documentation of apprefrom instructors.	n information you want the committee to oval from the course and recommendation
	Supporting Documents Attached: Yes	No N/A

Revised 04-2023 Page **2** of **2**