SFASU SCHOOL OF NURSING
PETITION INSTRUCTIONS

A separate form must be completed for each course you are requesting to petition. There are three main areas of petition for special consideration. These are:

I. Substitution of a Course:

A course taken at another college or university may be accepted as a degree requirement in the School of Nursing. The course must first have transferred into SFASU as either a different course number from the degree requirement (i.e., BIO 2311), or as an enbloc course (i.e., BIO 2--). In order to petition for substitution of a course you must:

a. Complete a petition form specifying which transferring course you would like to substitute for the required course, (i.e., BIO 2--, to count for BIO 238). A course number with dashes following it is considered an enbloc class and does not transfer as an exact match for a required class.
b. Submit a copy of the necessary transcript to show the grade made in the petitioned course.
c. Attach either a copy of the transferring course syllabus or the transferring course description from the general bulletin of the college where it was taken.

II. Forgiveness of Grades:

Grades are generally not forgiven unless they are greater than seven years old. However, under extraordinary circumstances, i.e., death of a family member or an extended illness, grades may be forgiven for a course or a semester. The courses, even if repeated, must first be accepted by SFA for credit. In order to petition for forgiveness of grades, you must:

a. Complete the petition form specifying which grades you would like forgiven. For example, you may want to request that the first grade for Biology 238, Fall, 1999, be replaced with the same course repeated in Spring, 2000.
b. Attach a paper to the petition to specify the reason the grade should be forgiven.
c. Submit a copy of the transcript.

III. Special Considerations or Concerns (for use by School of Nursing students). Attach a paper, as instructed on page two, section III, explaining your request. Reasons to petition may include:

a. Request to repeat a nursing class dropped or failed.
b. Make up missed clinical days that are over the 10% rule.
c. Grievance
d. Other concerns

When completing the petition form, please be sure to attach all requested documentation and any other information that might justify your position in requesting special consideration.

DELIVER OR MAIL PETITION AND ATTACHMENTS TO:

SFASU SCHOOL OF NURSING, P. O. BOX 6156, NACOGDOCHES, TX 75962
Policy No. 5
Form 5A

Check One: _____ BSN Applicant       _____ BSN Program Transfer Student       _____ RNT* Student
(enrolled in BSN nursing program)       (*RN Transition)

PETITION FOR SPECIAL CONSIDERATION

SFA ID #: (required if you ever attended SFA)  ________________________

NAME________________________________________ SSN________________________ DATE________________

ADDRESS
Street/P.O.  City  State  ZIP

E-mail address: ______________________ Daytime telephone number ______________________

Are you a 4-year degreed person seeking a second degree?  _______Yes  _______No

I. Substitution of a course:
   1. School where course credit was awarded: ________________________________

   2. Course number/name/credit hours of the course completed? ________________________________

   3. Course number / name of substitution request? ________________________________

   4. a. Attach course description/course syllabus for completed course being petitioned.
      b. Attach an unofficial transcript copy of grade earned.

II. Forgiveness of Grade
   1. School where course credit was awarded: ________________________________

   2. Course number / name of the course completed? ________________________________

   3. Reason for forgiveness request. Type the petition concerns on a separate page and attach the typed page to this document.

   4. Attach an unofficial transcript copy of grade(s) earned.

III. Special Considerations/Concerns (School of Nursing students only). Describe concerns (see page 1 for suggested topics of concern). Type the petition concerns on a separate page and attach the typed page to this document. If petitioning for the 10% rule, a recommendation from your clinical instructor is needed and must also be attached.

DO NOT WRITE BELOW THIS LINE

STUDENT AFFAIRS COMMITTEE

COMMITTEE NOTES:  ______________________

Date:  ______________________

COMMITTEE DECISION:  _____ APPROVE  _____ DISAPPROVE  _____ MORE INFORMATION REQUESTED

DIRECTOR DECISION:  _____ APPROVE  _____ DISAPPROVE