Return to: Director of Allied Health Yuba College Nursing Department 2088 North Beale Road Marysville, CA 95901

## Nursing Program General Petition Completed by Student

Date:\_\_\_\_\_ First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_\_

Should you have any questions on the petition process, review the Yuba College Nursing Program Student Handbook online. See sections Petition Process and Nursing Program General Petition. Any further questions please contact the Nursing Department at 530.741.6784

Reason for petition: \_\_\_\_\_

Please refer to the Nursing Student Handbook for policies/procedure/content/expectations related to the Nursing Program.

Student Signature and Date

## Below this line is for Nursing Department use only

Met with Allied Health Director Date: \_\_\_\_\_Summary of meeting: \_\_\_\_\_

Petition action

□Approved □Denied □Student notified of result of petition Date:

10/15/18 aw