

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

**Student Petition to Make up Nursing Program Hours  
Completed by Student**

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

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

Please mark the box:

Make-up hours for course(s):  N1  N2  N22  N3  N21  N4A  N4B  N33

Current grade(s) in course(s): \_\_\_\_\_

Please briefly state the reason for petition here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

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**Below this line is for Nursing Department use only**

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

\_\_\_\_\_

\_\_\_\_\_

Request is complete

Petition action

Approved

Denied

Student notified of result of petition Date: \_\_\_\_\_