

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: _____ Date(s) Missed: _____

Phone: _____ Yuba College 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

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: _____