**Return to:**

**Toni Christopherson, EdD, MSN, RN, CNS, CPN**

**Director of Nursing, Allied Health**

**2088 North Beale Road (building 2100)**

**Marysville, CA 95901**

**Email tchristo@yccd.edu**

Shape

Description automatically generated with medium confidence

**Nursing Program General Petition**

Date:\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for petition:

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Turn petition into the Director of Nursing, Allied Health in person or via email. If 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature  Date

**Below is for Nursing Department use only**

  Met with Nursing, Allied Health Director if applicable

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Summary of meeting if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petition action Date:\_\_\_\_\_\_\_

 Approved    Denied    Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notified individual of result of petition via their contact above Date:\_\_\_\_\_\_