**\*\*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**

Yuba College Logo


## **Student Petition to Make up Nursing Program Hours**

### **Completed by Student**

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

Theory Date(s) Missed: \_\_\_\_\_\_\_\_\_\_\_ Hours missed: \_\_\_\_\_

Clinical Date(s) Missed: \_\_\_\_\_\_\_\_\_\_\_ Hours missed: \_\_\_\_\_

List any previous days/hours missed for theory and/or clinical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yuba College Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please place an X in front of the course(s):

  \_\_\_N1  \_\_\_ N2   \_\_\_N22   \_\_\_N3  \_\_\_N21   \_\_\_N4  \_\_\_ N33

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

Reason for petition:

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

Refer to the Nursing Student Handbook for policies/procedure/content/expectations related to the attendance.  Turn petition into the Director of Nursing, Allied Health in person or via email.

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

Student Signature  Date

### **Below is for Nursing Department use only**

  Met with Nursing, Allied Health Director \*this is mandatory is petition is out of the 7-day requirement for submission of petition see Student Handbook for details, otherwise this is optional

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

 Petition was received within 7 days of the missed hours  Not received within 7 days

 Petition action Date:\_\_\_\_\_\_\_

 Approved    Denied

 Student notified of result of petition via their Yuba College email Date:\_\_\_\_\_\_