**\*\*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**



## **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 while in the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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): \_\_\_\_\_\_\_\_\_\_\_ On a current a Theory Contract for Success or Unsatisfactory Progress Report: Yes/No

Reason for petition:

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

Refer to the Nursing Student Handbook for policies/procedure/content/expectations related to the attendance. If petition is denied student will not be able to complete the mandatory hours for the course and will be exited from the program. 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 if 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:\_\_\_\_\_\_