**\*\*Email to:**

nahp@yccd.edu



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

### **Completed by Student**

Date:\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Yuba College Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Theory Date(s) Missed: \_\_\_\_\_\_\_\_ Hours missed: \_\_\_\_ Current grade(s) in course(s):\_\_\_\_\_\_\_\_\_

Clinical Date(s) Missed: \_\_\_\_\_\_\_\_ Hours missed: \_\_\_\_\_Current grade(s) in course(s):\_\_\_\_\_\_\_\_\_

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

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

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List any previous days/hours missed for theory and/or clinical while in the **program**. Include the reason(s) and petition result(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(attach additional page as needed)

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Theory Contract for Success for this semester (if so attach to email):\_\_\_\_\_Attached

Unsatisfactory Progress Report related to this petition ***must*** be attached if this is a clinical make-up petition: \_\_\_\_\_Attached

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. Email completed petition and required documents to nahp@yccd.edu.

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

Student Signature  Date