 **Petition for Specialty Preceptorship**

**Completed by Student**

Date: \_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cohort:\_\_\_\_\_\_\_\_

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

Requested Specialty Area: \*\*Submission of Petition does not guarantee Specialty selection\*\*

\_\_MOTHER BABY (circle one: L&D NICU POST PARTUM) \_\_ED \_\_ICU/CVICU

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Succinctly and in 250 words or less, explain why we should accept your requested specialty area.

(attach explanation)

Have you ever been on a Theory Contract for Success throughout the Nursing Program?

NO YES

If yes, during what semester & reason: \_\_N1 \_\_N2 \_\_N22 \_\_N3 \_\_N21 \_\_N4 \_\_N33

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attached additional page as needed)

Have you ever received a Clinical Unsatisfactory Progress Report throughout the Nursing Program?

NO YES

If yes, during what semester & reason: \_\_N1 \_\_N2 \_\_N22 \_\_N3 \_\_N21 \_\_N4 \_\_N33

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attached additional page as needed)

How many petitions have you submitted while enrolled in the Nursing Program? \_\_\_\_\_\_\_

During what semester & reason(s): \_\_N1 \_\_N2 \_\_N22 \_\_N3 \_\_N21 \_\_N4 \_\_N33

List any previous day/hours missed for theory and/or clinical while in the program. Include the reason(s) and petition result(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attach additional page as needed)

How was your attendance in the Nursing Program? Were you sent home at any time for tardiness? If so, how many times and during which semester(s):

\_\_\_N1 \_\_\_N2 \_\_\_N22 \_\_\_N3 \_\_\_N21 \_\_\_N4 \_\_\_N33

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This petition will be reviewed by Full Faculty within the Yuba College Nursing Program.

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Student Signature Date