University of Rochester
SCHOOL OF NURSING
Academic Petition

This form is to be used when requesting a change in program. Changes include transfer credit, course waiver, registration for course out of sequence, etc. After obtaining the necessary signatures, submit the completed form to the SON Registrar's Office (1W-126).

NAME: _____ Student ID# : _____ DATE: _____

PROGRAM: ____ APNN ____ RN to BS ____ Master's (specialty _____) _____ Post Master's (specialty _____) ____Ph.D. ____DNP

PHONE: _____ _____ EMAIL: _____
days evenings

ADDRESS: _____

I REQUEST THE FOLLOWING:

_____

_____

_____

_____

Meet with advisor to determine appropriate category for petition.

_____ **TRANSFER** – credits applied to SON degree, see required materials below. _____# credits approved for transfer _____# credits student will need to make up towards degree requirement Area credits need to be taken (e.g., nursing) _____	_____ **WAIVER** – course waived based on previous course work taken. Must meet required credits for degree via other course work. See required materials below. _____ **EXEMPTION** – course content challenged. Course faculty or School policy determines method of demonstrating knowledge of course content. Student registers and pays for course, receives credit.
The following materials may be required to process this petition: course description, credits, course outline, objectives, and official transcript.	

Student signature _____ Date _____

	Disapproved - Rationale	***Approved - Conditions***	***Date***
Advisor			
Faculty Approving Course (if applicable)			
Program Director			