

**Idaho State University
Fast Track Nursing Program - Boise
SCHOOL OF NURSING – PETITION**

DATE: _____

Name: _____ ISU Student No: _____

Address: _____

E-mail: _____ Telephone Number: _____

I am petitioning for acceptance of _____
Course(s) number and title*

from _____ as equivalent to nursing requirement(s)
Institution(s)

for _____
ISU School of Nursing course(s) number and title

* course description for the course(s) being considered must be attached.

Student Signature

Date

Recommended

Do Not Recommend

Comments: _____

Instructor or Advisor Signature

Date

Recommended

Do Not Recommend

Comments: _____

Committee or Chairperson Signature

Date

Recommended

Do Not Recommend

Comments: _____

Chair of Undergraduate Studies Signature

Date

*** For School of Nursing Office Use Only ***

Date Petition Completed _____

Date Sent to Student _____