

Idaho State University
School Of Nursing Undergraduate Program
COURSE PETITION

Date SON Received: _____

Name _____ Student ID Number _____ Email _____

Address _____ Telephone Number _____

SON Program: Traditional Accelerated AD to BSN AD to MSN

I am petitioning for acceptance of: _____

Course(s) number and title*

from _____ as equivalent to nursing requirement(s) for

Institution(s)

ISU School of Nursing required course(s) and number and title

* Course description and transcript with grade for the course(s) being considered must be attached. Syllabus of course from the semester and year course was taken may also be required. Use separate page if explanation is necessary and attach to petition.

Student Signature/Date

Recommend

Do Not Recommend

Comments _____

Instructor or Advisor/Date

Recommend

Do Not Recommend

Comments _____

Admission & Advancement Committee/Chairperson/Date

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

Date Petition Approved/Not Approved _____ Date Sent to Student _____

Date Sent to Registrar if Approved _____ Date to Student File _____