

# Idaho State University School of Nursing (SON) Undergraduate Program Petition

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Email Address

**SON Program:** Accelerated \_\_\_\_\_ Traditional \_\_\_\_\_ ADRN to BSN Completion \_\_\_\_\_

**Documents Included (select all that apply):** Course Description \_\_\_\_\_ Course Syllabi \_\_\_\_\_  
Transcript \_\_\_\_\_ Personal Statement \_\_\_\_\_

\* Course description(s), course syllabi from the semester and year the course was taken, and transcript(s) with the grade(s) for the course(s) being considered must be attached. Please attach typed personal statement if necessary or suggested by your advisor.

**School of Nursing Requirement:** \_\_\_\_\_

*List only one ISU School of Nursing required course(s) number and title per petition*

Course #	Course Title (or Other Item)	Institution	Term	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Please complete digitally, save as PDF and send completed petition packet to sonadvis@isu.edu Allow 2-3 weeks for a decision to be sent back to you via email.

\_\_\_\_\_  
**Student Signature/Date**

----- **School of Nursing Review** -----

Recommend       Do Not Recommend

\_\_\_\_\_  
School of Nursing Instructor or Advisor/Date

Advisor Comments:

Approved       Not Approved

\_\_\_\_\_  
Admission & Advancement Committee/Chairperson/Date

Committee Comments: