

**College of Nursing (CON) Undergraduate Program Petition**

Date CON Received: \_\_\_\_\_

Name (Last Name, First Name)

ISU Student ID Number

Email Address

Telephone Number

**CON Program:**

**Petition Type:**

**\*Documents Included:**

\_\_\_ Accelerated

\_\_\_ Completed Course(s)

\_\_\_ Course Description(s)

\_\_\_ Traditional

\_\_\_ Course Pre-Approval

\_\_\_ Course Syllabi

\_\_\_ ADRN to BSN Completion

\_\_\_ Other (Include Statement\*)

\_\_\_ Unofficial Transcript(s)

\* 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 explanation to petition for submission, if necessary.

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

**College of Nursing Requirement** \_\_\_\_\_  
ISU College of Nursing required course(s) number and title

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

----- **College of Nursing Review** -----

\_\_\_ Recommend    \_\_\_ Do Not Recommend

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

Advisor Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Approved    \_\_\_ Not Approved

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

Committee Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Decision \_\_\_\_\_ Date Sent to Student \_\_\_\_\_ Date Sent to Registrar if Approved \_\_\_\_\_