

Oregon Health & Science University School of Nursing

Petition for Exception to Progression Policy

Student Name: _____ Phone: _____

SSN: _____ Date: _____

Advisor's Comments: _____

Advisor's Signature: _____

Please state below the exception you are requesting and the rationale for making the request.

Instructions:

1. Student fills out form.
2. Student takes form to advisor for signature.
3. Advisor forwards form to Associate Dean for signature.
4. Form is distributed.

Approval/Disapproval: _____
Faculty of Record Date

Approval/Disapproval: _____
Associate Dean Date

Because each clinical has a limited number of placements each term; and since out of sequence students are on waiting lists for those placements, you cannot automatically expect that you can enroll in your desired clinical course. Your clinical group placement may depend upon available space. Therefore, it is possible you may not be able to enroll in a clinical course for one or more quarters. You may not attend a lottery for a clinical unless you are on the list for that clinical. If you are not on the list it is likely that you are scheduled to take the clinical during another term and you should immediately check with our office.

CC: Faculty of Record
 Registrar
 Student File