



**APPENDIX 2**

**SONOMA STATE UNIVERSITY  
Department of Nursing  
DEPARTMENT PETITION**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Type of petition (check one & provide thorough explanation with attached requested documentation)

- Waiver of department regulation \_\_\_\_\_  
List regulation and attach copy of regulation
- Repeat Course \_\_\_\_\_  
Attach personal statement
- Leave of absence (list semester) \_\_\_\_\_  
Attach personal statement
- Course equivalency for the major (list course) \_\_\_\_\_  
Attach course description/course syllabus
- Masters Track Transfer \_\_\_\_\_  
Attach personal statement

Student justification for petition (provide rationale for consideration of petition with requested documentation)

\_\_\_\_\_  
Student signature

Advisor comments, recommendations/conditions

\_\_\_\_\_  
Advisor signature

Department Decision    Approve    Deny

\_\_\_\_\_  
Chair signature/ date

**APPENDIX 3**