

**NURSING DEPARTMENT PETITION  
SONOMA STATE UNIVERSITY**

Name:

Date:

Student ID:

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

- Waiver of department regulation \_\_\_\_\_  
List regulation and include justification (additional space for statement on page 2)
- Repeat Course \_\_\_\_\_  
Include justification (additional space for personal statement on page 2)
- Leave of absence (list semester[s]) \_\_\_\_\_  
Include justification (additional space for personal statement on page 2)
- Course equivalency for the major (list course: ie. Human Development) \_\_\_\_\_  
Include course description on page 2/Attach course syllabus
- Masters Track Transfer \_\_\_\_\_  
Include justification (additional space for personal statement on page 2)

Student's Justification for petition (provide rationale for consideration of petition with requested documentation)

\_\_\_\_\_  
Student's signature

Advisor comments, recommendations/conditions

\_\_\_\_\_  
Advisor's signature

Department Decision:      Approve      Deny

\_\_\_\_\_  
Chair's signature

Personal Statement/Course Description (if necessary)