Request to Continue Nursing Program
Due to Course Withdrawal or Course Failure
OR
(Notice of Intent to Change Major or WD GSW)

Instructions: Submit the completed Request Form to the Nursing Advisor for the School of Nursing in person or via email attachment.

Print name in full ____________________________  Date ____________________________

Signature______________________________  GSW ID# ____________________________

GSW email______________________________  Home email__________________________

Reason for request (check all that apply):

- I prefer to continue through the extended track progression: __________
- Course withdrawal: _______ Course: _________  Semester: ______
- Course failure: _______ Course: _________  Semester: ______
- I have decided to change my major: _______  I must withdraw from GSW: _______
  Reason: ___________________________  Financial reasons: ___________________________
  __________________________________  Personal reasons: ___________________________
  __________________________________  Other: ___________________________

I am making the request to resume studies in the following courses the semester they are offered:

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<th>FALL SEMESTER</th>
<th>COURSE</th>
<th>Explanation</th>
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<th>SUMMER SEMESTER</th>
<th>COURSE</th>
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<tr>
<th>SPRING SEMESTER</th>
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I understand the following:
- Interruption places me out of sequence in the program;
- Progression is contingent upon my eligibility to continue in the nursing program per program policies, space availability in classes or clinicals needed, and time frame for program completion;
- Permission may be denied due to any of the contingency factors;
- I will be required to demonstrate previously mastered material and competency in previously learned skills per School of Nursing Student Handbook. Student is required to contact Nursing Professor to schedule a Skills Competency Checkoff before the semester begins.
- I will not be given priority placement over students who are progressing on track in the program;
- I am required to adhere to the progression policies set by the School of Nursing;
- I may not receive final permission or denial of my request until the first day of the class(es) which I am requesting permission to take.

Signature of Advisor: ____________________________  Date Review of Form: __________

APPROVED FOR EXTENDED TRACK: ___ Notification: Chair_________ Lab Faculty __________

Student Services Coordinator __________