

Nursing Program Exception Request

Consideration of your petition will depend on the completeness and accuracy of the information you provide along with your request.

Complete this form and save it to your desktop – email the completed form to emily.hebert@anokaramsey.edu

When the completed form and documentation are received, the form will be presented to the Dean or Associate Dean of Nursing for review. The review may take approximately 14 business days. The results of the review will be sent to the email address provided on this request form.

Complete the following with your current information.

Student Name: _____ Star or Tech ID: _____
Last First Middle

Address: _____
Street City State Zip County

Email: _____ Phone #: _____

Current Campus: Cambridge Coon Rapids
Last term of enrollment: Fall Spring Summer Year _____

Provide an explanation regarding your Nursing program exception request:

Please be prepared to submit supporting documentation of your extenuating circumstances that were **beyond your control** (not all extenuating circumstances are **beyond your control** and will not need supporting documentation) Extenuating circumstances beyond your control may include student injury or illness (Medical Verification Form completed by your medical provider), family or court emergency (legal statement), birth (birth certificate), death in the family (obituary or card from a service), work (letter from employer), etc.

If this request is in regard to the CNA requirement, a copy of the current healthcare license or certification you wish to be considered for substitution and the CNA Program description, must be submitted with this form.

Student Signature _____ **Date:** _____

OFFICE USE ONLY

Approved Denied

Comments to Students:

Signature: _____ **Date:** _____