SCHOOL OF NURSING UNDERGRADUATE DISMISSAL APPEAL

Complete this form if you want to appeal your dismissal from the School of Nursing (SON) undergraduate program. Refer to the "Policy and Procedure to Appeal a Dismissal in the SON Undergraduate Program Student Handbook.

| Last Name | First Name | M.I. | Grizzly ID Number |
|--------------------------------------|------------|-----------------|---|
| Address | | | |
| City/State/Zip C | ode | | |
| Telephone # | | | <u> </u> |
| I hereby petition the undergradua | _ | to rescind my d | ismissal and allow me to remain a student i |
| Signature | | | Date |

You must address items 1-3 below. Your response must be written as a separate document. Make sure your name and Grizzly ID number are on your response document.

- I. Explain the circumstances that contributed to your dismissal from the SON. Be specific! Make sure to discuss all of the courses/semesters that contributed to your dismissal.
- II. If you had been on probation in the SON before your dismissal, explain what you had done to improve your academic standing while on probation.
- III. Describe what you will do/do differently regarding your academic/work/personal life/etc. to remain in good standing in the SON if your dismissal appeal is approved.