



SCHOOL OF NURSING
UNDERGRADUTE PROGRAM
PETITION OF EXCEPTION

UNIVERSITY REQUIREMENT (COI)	___
PROGRAM REQUIREMENT (COI)	___
GENERAL EDUCATION (GEC)	___

Please submit this form when requesting an exception to policies outlined in the Oakland University Undergraduate Catalog or School of Nursing Undergraduate Program handbook. Once you complete this request, please have an academic adviser review and sign the petition. Please feel free to attach additional documentation to support your petition. Your petition will be reviewed by the School of Nursing Undergraduate Committee on Instruction (UCOI).

NAME: (Last)	(First)	(MI)	Grizzly ID #:
STREET ADDRESS:			HOME PHONE: ()
MAJOR:			

CITY, STATE & ZIP:

REQUEST:

SUPPORTING RATIONALE:

(Student Signature)	(Date)
---------------------	--------

SUPPORTING FACULTY COMMENT:

(Faculty Signature)	(Date)
---------------------	--------

ACADEMIC ADVISER COMMENT:

(Academic Adviser Signature)	(Date)
------------------------------	--------

(FOR OFFICE USE ONLY)

DISPOSITION: Approved Denied (If you change major, the decision on this petition may not apply.)

COMMENT:

(UCOI Chair Signature)	(Date)
------------------------	--------