

For Office Use Only	
Received by _____	Date Received _____

**University of Arkansas
College of Education and Health Professions
Eleanor Mann School of Nursing
Petition to Admission Committee**

Please complete all information below.
Your petition will be processed using the information you provide.
Incomplete or inaccurate information will delay review and notification.
A minimum of 1 month is required for the committee to review your request.
You must be admitted to the University and declare nursing as your major before submitting this petition.

Name _____ **University ID** _____

Street Address _____ **Phone** _____

City/State/Zip _____ **Date Submitted** _____

Email (must be @uark.edu) _____

State the policy to which you would like an exception:

Semester for which Admission or Advancement is requested _____

Nursing Course or Prerequisite Requirement(s) Involved:

Committee Review/Comments: _____

Committee Decision: _____ Denied _____ Approved

Signature _____ Date _____

Complete the questions on the back of this form before submitting petition to the Admission and Advisement Committee. Submit completed petition to the secretary in 217 Ozark Hall. Retain a copy for your records. Please submit typed responses. You may type the questions on a separate sheet of paper, sign the paper, and attach it to this form.

