THE OHIO STATE UNIVERSITY
COLLEGE OF NURSING

Please return to Student Affairs
Newton Hall 106

Curriculum Petition Form

Name (list previous names if applicable) _____

OSU ID _____ Last name.# _____

Phone _____ Email address _____

Date form submitted to academic advisor*_____

I have spoken with an advisor about this petition Yes _____ No _____ Name _____

* Before submitting this form to the Office of Student Affairs, please provide a copy of your advising report. Incomplete forms will not be reviewed.

Request Type:

☐ **General Education Requirement Exception**: Seeking permission to take a course not listed on degree audit

☐ **Out of Sequence/Leave of Absence**: Seeking permission to modify sequence of required nursing courses

☐ **Other**

Request Details: (Please attach additional page if needed)

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For office use only:

Decision: Approved _____ Denied _____ Approved with conditions _____

Conditions _____

_____

Signature _____ Date _____