



**Request to Continue Nursing Program  
Due to Course Withdrawal or Course Failure  
OR  
(Notice of Intent to Change Major or WD GSW)**

**Instructions: Submit the completed Request Form to the Nursing Advisor for the School of Nursing in person or via email attachment.**

Print name in full \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ GSW ID# \_\_\_\_\_

GSW email \_\_\_\_\_ Home email \_\_\_\_\_

**Reason for request (check all that apply):**

**I prefer to continue through the extended track progression:** \_\_\_\_\_

**Course withdrawal:** \_\_\_\_\_ **Course:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Course failure:** \_\_\_\_\_ **Course:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

I have decided to change my major: \_\_\_\_\_ I must withdraw from GSW: \_\_\_\_\_  
Reason: \_\_\_\_\_ Financial reasons: \_\_\_\_\_  
\_\_\_\_\_ Personal reasons: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

I am making the request **to resume studies** in the following courses the **semester they are offered:**

	<b>COURSE</b>	<b>Explanation</b>
<b>FALL SEMESTER</b>		
<b>SUMMER SEMESTER</b>		
<b>SPRING SEMESTER</b>		

I understand the following:

- Interruption places me out of sequence in the program;
- Progression is contingent upon my eligibility to continue in the nursing program per program policies, space availability in classes or clinicals needed, and time frame for program completion;
- Permission may be denied due to any of the contingency factors;
- I will be required to demonstrate previously mastered material and competency in previously learned skills per School of Nursing Student Handbook. **Student is required to contact Nursing Professor to schedule a Skills Competency Checkoff before the semester begins.**
- I will not be given priority placement over students who are progressing on track in the program;
- I am required to adhere to the progression policies set by the School of Nursing;
- I may not receive final permission or denial of my request until the first day of the class(es) which I am requesting permission to take.

**Signature of Advisor:** \_\_\_\_\_ **Date Review of Form:** \_\_\_\_\_

**APPROVED FOR EXTENDED TRACK:** \_\_\_\_\_ **Notification: Chair** \_\_\_\_\_ **Lab Faculty** \_\_\_\_\_

**Student Services Coordinator** \_\_\_\_\_