

SAN JOSE STATE UNIVERSITY
The Valley Foundation School of Nursing (TVFSON)
PETITION

Name _____ SJSU ID# or last 4 of SS# _____
(Last first middle)

Address _____ City _____ State _____ Zip _____

Email: _____ Phone () _____

Today's Date _____ **Semester level** (if in program) - otherwise, leave blank _____

This petition may be used to request a variety of actions. A separate petition is required for each request. *If requesting a prerequisite course substitution, please use the online School Prerequisite Course Substitution Form (under forms on web site).* After completing this fillable form, submit electronically to Lindsey.Marsh@sjsu.edu). The Executive Committee will review your petition. You will be notified of decision after the next executive meeting (usually held every 10 weeks). ph 408 924 3130. Please do the following:

- ✓ *(Preferable submission process)* Submit this document and clear legible scans of any supporting documents (e.g., copy of all teas reports, as well as unofficial transcripts if your request includes grade issues or if trying to get into program).
- ✓ **After a decision has been reached**, the petition **will be emailed back to you.**
- ✓ **This petition must be submitted & received by the dept, 10 days before an Executive Board meeting (OR)** when requesting entrance into a class, **filed at least 10 days before** the first day of classes each semester. The Board usually meets twice a semester.
- ✓ *(Alternative delivery):* Hand deliver/ mail the entire packet including this completed form, directly to the **Nursing Office, SJSU, One Washington SQ; Health Bldg 420 (corner of 9th & San Carlos Sts) SJ, CA 95192-0057).**

State your specific request, outlining the details below.

.....

I request that: (_____) e.g. *have the exemption to..... be allowed to.....*

Reason: (Explain rationale and whether you are a **student at SJSU or elsewhere** trying to get into the program).

If too little room here, you may attach a one-page typed form *using a font of 12 or larger*, with name, date, and ID:

Student's Name

Date

.....

OFFICE USE ONLY

Decision (_____)

Director or Director's Faculty Designee

Date