



## Request to Repeat an BSN Program course

Please return the completed request to your Academic Advisor within ten (10) days of the last day of class/clinical attendance in the BSN Program.

**NOTE:** Acceptance to repeat a course is not guaranteed and is based on space availability.

### Personal Information:

Name: \_\_\_\_\_  
Last First M.I. Maiden

Academic Advisor: \_\_\_\_\_

Check the course(s) below in which you are requesting to repeat:

NSG 304	NSG 350	NSG 380	NSG 430
NSG 315	NSG 350L	NSG 400	NSG 440
NSG 320	NSG 360	NSG 415	NSG 450
NSG 320L	NSG 370	NSG 420	NSG 460
NSG 330			

List semester and year of desired return: \_\_\_\_\_

On the following page, submit a written action plan for future success, identifying areas of weakness and strategies for improvement (it is recommended that students share the written action plan with their Academic Advisor for feedback prior to submitting). Once the Academic Advisor has provided feedback, submit the final copy via email to the BSN Program Chair.

I certify this information to be true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

