

MONTANA STATE UNIVERSITY COLLEGE OF NURSING

Campus Placement Request Form

Revised 5/23

DATE _____
PLEASE PRINT CLEARLY

LAST NAME FIRST

STUDENT ID NUMBER

PERMANENT MAILING ADDRESS

CURRENT MAILING ADDRESS

CITY ST ZIP

CITY ST ZIP

PERMANENT TELEPHONE NUMBER

CURRENT TELEPHONE NUMBER

Reasons and/or circumstances involved in seeking change in campus placement:

- ☐ **CAMPUS CHANGE EXTRAORDINARY REQUEST – I have filed an appeal to the Scholastic Committee**
- ☐ **CAMPUS CHANGE PERSONAL REQUEST – Not considered extraordinary status**
- ☐ **WITHDRAWAL** (University Withdrawals and Drops) **OR FAILURE** (Includes C-'s, D's and F's)

Campus and semester of last attendance at MSU College of Nursing:

CAMPUS:	SEMESTER	LEVEL
---------	----------	-------

Courses in which you are requesting placement for the semester listed:

- | |
|--|
| <u>T-1</u> |
| <input type="checkbox"/> NRSG 314 Concepts in Psychosocial Nursing |
| <input type="checkbox"/> NRSG 316 Pathophysiology and Pharmacology I |
| <input type="checkbox"/> NRSG 323 Professional Development I |

- | |
|---|
| <u>T-1</u> |
| <input type="checkbox"/> NRSG 327 Foundations of Nursing Care |
| <input type="checkbox"/> NRSG 328 Foundation of Nursing Lab |
| <input type="checkbox"/> NRSG 329 Health Assessment |
| <input type="checkbox"/> NRSG 400 Nursing Simulation |

- | |
|--|
| <u>T-2</u> |
| <input type="checkbox"/> NRSG 317 Pathophysiology & Pharmacology II |
| <input type="checkbox"/> NRSG 324R Professional Development II |
| <input type="checkbox"/> NRSG 332 Nursing Concepts in Health Promotion |
| <input type="checkbox"/> NRSG 334 Nursing Practice in Health Promotion |
| <input type="checkbox"/> NRSG 354 Nursing Concepts in Reproductive Health |
| <input type="checkbox"/> NRSG 357 Nursing Concepts in Pediatric Care |
| <input type="checkbox"/> NRSG 359 Nursing Practice in Reproductive Health & Pediatrics |
| <input type="checkbox"/> NRSG 400 Nursing Simulation |

- | |
|---|
| <u>T-3</u> |
| <input type="checkbox"/> NRSG 400 Nursing Simulation |
| <input type="checkbox"/> NRSG 403 Professional Development III |
| <input type="checkbox"/> NRSG 408 Nursing Concepts in Chronic Care |
| <input type="checkbox"/> NRSG 409 Nursing Practice in Chronic Care |
| <input type="checkbox"/> NRSG 426 Nursing Concepts in Population Health |
| <input type="checkbox"/> NRSG 427 Nursing Practice in Population Health |
| <input type="checkbox"/> NRSG 431 Nursing Concepts in Psychiatric Mental Health |
| <input type="checkbox"/> NRSG 432 Nursing Practice in Psychiatric/Mental Health |

- | |
|---|
| <u>1st Semester Senior</u> |
| <input type="checkbox"/> NRSG 437: Psychiatric Nsg |
| <input type="checkbox"/> NRSG 444: Care Management |
| <input type="checkbox"/> NRSG 454: Urgent and Palliative Care |

- | |
|---|
| <u>2nd Semester Senior</u> |
| <input type="checkbox"/> NRSG 477: Population Based Nsg Care in the Community |
| <input type="checkbox"/> NRSG 487: Nsg Leadership/Mgmt |
| <input type="checkbox"/> NRSG 418: Issues in Health Policy |

Rank your preference for **CAMPUS** Placement (1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, 4th = 4th choice, 5th – 5th choice)

_____ Bozeman	_____ Billings
_____ Kalispell	_____ Great Falls
_____ Missoula	

YEAR and SEMESTER for which you are requesting placement:

YEAR: _____
☐ Spring ☐ Fall

Students who fail or withdraw from first semester nursing course(s) for the first time after the 15th day of the semester will be offered a new placement at the original campus in the next available application cycle. This confirms that I have discussed the implications of my withdrawal/failure from/in NRSBG _____ on my continuation in the College of Nursing curriculum. My placement was for one (1) sophomore semester and two (2) consecutive junior semesters followed by two (2) consecutive senior semesters. I now may need additional time to complete the required nursing courses. I understand I must request a new placement through the Campus Placement Request Form

- For students withdrawing from course(s) or requesting a change of campus for personal reasons: I understand that I will not receive priority consideration ahead of students who have failed course work unless I am successful in validating that my withdrawal or request for a change of campus is the result of an extraordinary personal (non-academic) reasons through an appeal to the College of Nursing Scholastic Committee.
- For students requesting a Retroactive University Withdrawal or Voluntary Medical Leave of Absence: If you have confirmed your bill (accepted/paid your charges with the Student Accounts Office) and you decide to stop attending all of your classes, you must officially withdraw from the university by contacting the Dean of Students office at 406-994-2826.

Student Signature

Date

Please Note: The College of Nursing tries to honor a student's first choice; however, space and resource availability will determine each student's campus placement offer. A change in campus placement is considered final and will remain in place for the remaining semesters of program enrollment unless a new request is submitted.

I have met and discussed this form with the student _____
Campus Director Signature