

**Montana State University-Bozeman**  
**College of Nursing**  
**Scholastic Committee Appeal Form**  
**(please print all information)**

Name of Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Student ID# or SS# \_\_\_\_\_  
Current cum GPA: \_\_\_\_\_  
(Attach copy of current transcript)

Name of Advisor: \_\_\_\_\_  
Campus: \_\_\_\_\_  
Level in Program:      Pre-nursing  
(circle one)              Sophomore  
   Junior  
   Senior

**Type of Appeal (Please check the appropriate box(es):**

- 1) Variance in Progression (attach rationale for this request):
  - I request a waiver of \_\_\_\_\_ course(s)
  - I request a substitution of \_\_\_\_\_ course(s) for \_\_\_\_\_ course(s)
  - I request to take the \_\_\_\_\_ required prerequisite course(s) concurrently with \_\_\_\_\_ course(s)
  
- 2) I request permission to apply for an Upper Division placement in the College of Nursing with more than one attempt to earn a grade of C or better in a required prerequisite course:
  - I have failed to achieve a grade of C or better on two attempts in \_\_\_\_\_ course(s)
  
- 3) I request reinstatement to the College of Nursing:
  - I have failed to achieve a grade of C or better on two attempts in two different semesters in \_\_\_\_\_ clinical nursing course(s)
  
  - I was removed from the College of Nursing for other reasons which are listed below  
\_\_\_\_\_
  
- 4) I am making a miscellaneous request (please specify in the provided space):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have Upper Division placement on the \_\_\_\_\_ Campus for Fall \_\_\_\_\_ or Spring \_\_\_\_\_ semester.

I am currently on the Wait List for Upper Division placement on the \_\_\_\_\_ Campus for the Fall \_\_\_\_\_ or Spring \_\_\_\_\_ semester.

Student Signature/Date: \_\_\_\_\_  
Advisor Signature/Date: \_\_\_\_\_

Please attach any letters of support or documentation of **extraordinary** circumstances to be considered in this appeal.