Petition to RAP Committee

Please type or print: Student Name: _____PLU ID: _____Program & Cohort (i.e. BSN Semester 1): _____Date: _____ Advisor: **Directions**: Please complete this form in collaboration with your advisor. This form must be submitted (email is acceptable if all attachments are electronic) to the School of Nursing Associate Director of Advising, Admission, and Student Support and the Chair of RAP at least 3 business days before the RAP Committee meets to review this petition. RAP meets the first Wednesday of every month.). I am petitioning RAP to request that I be placed on academic probation and be allowed to repeat the course. I have received 3 or more minor Performance/Progression Alerts or 1 major Performance/Progression Alert and am petitioning to RAP to request that I be placed on academic probation and allowed to continue to progress in the School of Nursing. I am requesting a leave of absence (LOA). ☐ I am requesting to return from an LOA. Other reason you are petitioning to RAP: Answer the following prompts; use additional space, as needed: Review your academic record (transcripts/grades, exams, faculty feedback, clinical evaluations, NCLEX prep tests, etc.) and discuss your progress in the nursing program. Explain the circumstances surrounding this petition. If you experienced a course failure or major/multiple PPAs, what contributed to that? Approved by the PLU School of Nursing Recruitment, Admission, and Progression (RAP) Committee DATE

What will you do to ensure future success in this course and/or the nursing program? Please provide a detailed plan. Please include any other relevant information you would like the committee to consider.	
☐ I would like to discuss my petition further at the RAP committee (5 minute limit).☐ I would like my advisor to attend the meeting on my behalf.	
considered. Further, I understand that my peti-	ally approved. Course faculty input may also be tion is subject to the review and consideration of y the Dean of the School of Nursing. Progression e basis.
Student Signature and Date	Advisor Signature and Date