The University of Texas at Tyler

GRADUATE NURSING PETITION FOR PROGRESSION

Send to: nursing-graduate@uttyler.edu

Name: ________________________________    Student ID: ________________________________

Major: ________________________________    Semester/Year: ______________________________

Primary Phone Number: ____________________    Alternate Phone Number: ____________________

I. Complete Section A with the following details:
   a. Brief explanation of situation.
   b. Explanation of why you should be considered for continuation.
   c. List specific changes you will make to ensure future success in the program.

II. The decision of the Admissions Progression Committee and Associate Dean is final.

III. Petition must be received within ten working days of official drop date. The Admissions Progression Committee will respond within ten working days of receiving petition for progression.

Section A: Details listed above

Student’s Signature: ________________________________    Date: ________________________________
Section B:

Recommendations from the Committee: (May include support services, counseling, advisor meetings, or enrollment restrictions.)

☐ Progress with no Restrictions    ☐ Progress with Restrictions    ☐ Not allowed to progress

Date of Committee Review: __________________________

For Which Semester/Year: __________________________

☐ I agree     ☐ I Disagree     with the Admissions Progression Committee decision.

Associate Dean Signature: ___________________________    Date: ___________________