

Marshall University  
School of Nursing  
Student Petition to Repeat a Course

Student must petition the Admission, Progression, and Graduation (APG) Committee within **three** weeks after the **final examination** in the semester the D or F grade is received.

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_ Phone number \_\_\_\_\_  
Advisor \_\_\_\_\_ Revised Plan of Study: date available \_\_\_\_\_

Course Petitioned \_\_\_\_\_  
Grade Achieved \_\_\_\_\_ Date Grade Achieved \_\_\_\_\_  
Semester/year requesting to repeat course: \_\_\_\_\_  
Describe the circumstances that may have contributed to your grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain what you would do differently if the APG Committee allows you to repeat the course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An unofficial copy of your academic transcript must be attached to this completed form.  
Submission of Revised Plan of Study approved by advisor (list by semester/year of all NUR courses desired to be taken) required for consideration by the APG committee

Form updated 09/04/12, 1-14-13

\_\_\_\_\_  
Student Signature      Date

\_\_\_\_ Approved    \_\_\_ Not Approved

\_\_\_\_\_  
Chair, APG Committee    Date