

**Policy S-2.15**  
**UNIVERSITY OF FLORIDA**  
**COLLEGE OF NURSING**

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**TITLE:**                   **OUT-OF-SEQUENCE PROGRESSION FOR BACCALAUREATE STUDENTS**

**POLICY:**               Students who become out-of-sequence in the curriculum must make application for curriculum plan revision. This policy applies to students seeking to re-enter or continue in a program to which they were accepted and in which studies were interrupted for academic or personal reasons. In addition, students may not pursue any coursework for which they do not have the necessary prerequisites without approval of such a petition.

**RATIONALE:**       The curriculum is sequenced to facilitate student learning and allow for the development of cumulative knowledge and competence. The ability to accommodate out-of-sequence students is restricted in a limited access program, and is further restricted by resource availability.

**PROCEDURE:**

1. A student who wishes to continue in the curriculum out-of-sequence (after an unsatisfactory course grade or a withdrawal), must petition for consideration to do so.
2. The student submits a *Petition for Out-of-Sequence Progression* (Attachment #1) to the academic advisor. The student may consult with their academic advisor or the ADSA in the preparation of the petition.
3. The ADSA or designee will consider the petition in consultation with relevant faculty members, the program director, and the Associate Dean for Academic Affairs (ADAA). Factors to be considered include: the program to which the student was accepted and the availability of faculty, classroom, and clinical resources.
4. The ADSA or designee will complete the *Progression Requirements* form (Attachment #2.) The ADSA retains final decision-making regarding the plan and its implementation.
5. The ADSA or designee will inform the student in writing of the decision regarding the petition within ten (10) working days of receipt of the petition. If approved, a copy of the revised curriculum plan is included. The ADSA distributes copies per the distribution list.
6. If desired, the student may appeal the decision regarding the petition to the Dean of the College of Nursing. Such appeal must be in writing and received within fifteen (15) working days of the student's receipt of the decision, and the Dean will respond within ten (10) working days.
7. A student may seek guidance from their Academic Advisor or the ADSA at any time in the curriculum review process.

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8. Written progression requirements will be monitored by the student's academic advisor in conjunction with the ADSA.
9. The ADSA will notify the student of dismissal from the program if the student is unable to meet the out-of-sequence progression requirements.

Review or Approval Authority	Responsible Party	Initial Approval / Review	Most Recent Approval / Review Of Changes	Editorial Changes	Policy A-01 Review
Review/Revise	<b>ADSA</b>			12/16	
Approval	<b>Administrative Council</b>	09/00	2/14	1/17	4/14
Review	Faculty Executive Committee	09/00	2/10	4/17	9/14
Approval	Dean	09/00	3/10	5/17	9/14

**\*Bold denotes committee with A-01 review responsibility**

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**Attachment #1  
Baccalaureate Program  
Petition for Out-of-Sequence Progression  
(To be completed by the student)**

Student Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

**Reason for Being Out-of-Sequence:**

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**Specific Request :**

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**Rationale for Petition:** (e.g., what have you done or will you do to facilitate your academic success?)

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\_\_\_\_\_  
Student's Signature Date

<i>Distribution:</i> Original to: ____ Student Record Copy to: ____ Student ____ Program Director ____ ADSA
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**Attachment #2  
Baccalaureate Program  
Progression Requirements  
(To be completed by the academic advisor or ADSA)**

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Student Name: \_\_\_\_\_ Academic Advisor \_\_\_\_\_

Recommendations, Requirements / Required Date for Completion/ Person responsible.

- 1.
- 2.
- 3.
- 4.

Rationale:

ADSA Signature	Date	Academic Advisor Signature	Date
Program Director Signature	Date	ADAA signature	Date

<i>Distribution:</i> Original to: ___ Student Record Copy to: ___ Student ___ Program Director
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