TITLE: OUT-OF-SEQUENCE PROGRESSION FOR DOCTOR OF NURSING PRACTICE AND POST-MASTER CERTIFICATE STUDENTS

POLICY: On admission a curriculum plan is developed to ensure courses are sequenced in an academically sound manner and that graduation is timely. Students unable to follow the curriculum plan developed at admission will have requests for curriculum plan revisions considered on an individual basis.

RATIONALE: The College has a responsibility to ensure the academic integrity of the student’s curriculum, availability of clinical placements, and faculty supervision of students. Therefore, careful planning is required for exceptions to standardized curriculum plans.

PROCEDURE:

1. Students who need to revise their curriculum plans meet with their Academic Advisor to assess the feasibility of changing the existing plans.

2. The student completes Petition for Revision of Curriculum Plan form (Attachment #1) and forwards to the Academic Advisor.

3. The ADSA consults with the Academic Advisor, and Associate Dean for Academic Affairs- Graduate Clinical Education (ADAA-GCE) as to the availability of resources for the proposed revised curriculum plan. The ADAA-GCE consults with specialty track coordinator for BSN-DNP and Post Master Certificate (PMC) students.

4. The Academic Advisor 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 in the email to the student. The Academic Advisor distributes copies per the distribution list.

5. A student may seek guidance from the Academic Advisor or the ADSA at any time in the curriculum plan modification process.

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<th>Review or Approval Authority</th>
<th>Responsible Party</th>
<th>Initial Approval / Review</th>
<th>Most Recent Approval / Review Of Changes</th>
<th>Editorial Changes</th>
<th>Policy A-01 Review</th>
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* Bold indicates A-01 responsibility. This policy was previously routed to AAC & Faculty Organization
Petition for Revision of Curriculum Plan
[To be Completed by Student]

Student Name: ___________________________ UFID: ______________________

Email: ___________________________ Academic Advisor: ______________________

Specific Request for Revision of Curriculum Plan:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Rationale for Petition:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature ___________________________ Date __________ Track Coordinator ___________________________ Date __________

ADAA-GCE ___________________________ Date __________

Distribution --
Original to: ____Student Record
Copy to: ____Student ____Track Coordinator ____Academic Advisor ____Associate Dean for Academic Affairs for Graduate Clinical Education