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 Assistant Dean of Student Services (ADSS) in the preparation of the petition.
3. The petition must be filed no later than ten business days after final grades are posted.
4. The ADSS or designee will consider the petition in consultation with responsible faculty members, and Associate Dean for Academic Affairs - Undergraduate Education. Factors to be considered include: the program to which the student was accepted and the availability of faculty, classroom, and clinical resources.
5. A student may seek guidance from their Academic Advisor or the ADSS at any time in the curriculum review process.
6. The ADSS or designee will complete the Progression Requirements form (Attachment #2.) The ADSS retains final decision-making regarding the plan and its implementation.
7. The ADSS or designee will inform the student in writing of the decision regarding the petition within ten (10) business days of receipt of the petition. If approved, a copy of the revised curriculum plan is included. The ADSS distributes copies per the distribution list.
8. 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.
9. Written progression requirements will be monitored by the student’s academic advisor in conjunction with the ADSS.
10. The ADSS will notify the student of dismissal from the program if the student is unable to meet the out-of-sequence progression requirements.
Petition for Out-of-Sequence Progression
(To be completed by the student)

Student Name: __________________________ Phone #: __________________________

Address: ______________________________ Academic Advisor: __________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Anticipated Return Date:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Specific Request:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student’s Signature __________________________ Date __________________________

Distribution: Original to: ______Student Record
Copy to: ______Student ______ ADAA ______ADSS
Student Name: ____________________________  Academic Advisor ______________________

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

1.

2.

3.

4.

Rationale:

_________________________

ADSS Signature  Date  Academic Advisor Signature  Date

Student Signature  Date  ADAA Signature  Date

Distribution:  Original to: _____Student Record
               Copy to: _____Student  _____ADAA