

**Northwestern State University  
College of Nursing**

**PROCEDURE FOR REQUEST FOR WAIVER OF APDG POLICY**

A student appealing an admission, progression, dismissal, or graduation policy should comply with the following procedure:

- ❶ The student should first visit with an academic advisor to discuss the request for waiver of policy procedure.
- ❷ The student is responsible to ensure that copies of transcripts from every university attended are on file with NSU or accompany this waiver form.
- ❸ The student should obtain and complete a Request for Waiver of Policy form.
- ❹ **The student should submit the Request for Waiver of Policy form no later than 30 working days prior to the end of the semester preceding that for which a waiver is requested.** (e.g., If a student is requesting to enroll in a nursing course for Spring semester, the student should complete and submit the form 30 working days before the Fall semester ends. For Fall semester, submit the completed form 30 working days before the Spring semester ends.)
- ❺ The student who is requesting to enroll in a nursing course for the first time, contingent upon the approval of the requested waiver, must have met admission requirements and deadlines.
- ❻ Return the Request for Waiver of Policy form to:  
Chairperson  
Admission, Progression, Dismissal Review Committee  
Undergraduate Studies in Nursing  
1800 Line Avenue  
Shreveport, Louisiana 71101-4612
- ❼ The student will be notified in writing of the Committee's decision. The review and notification procedure may take as long as 30 working days.

**Northwestern State University  
College of Nursing  
Undergraduate Studies in Nursing**

**ADMISSIONS, PROGRESSION, DISMISSAL REVIEW COMMITTEE**

**REQUEST FOR WAIVER OF POLICY**

Name: \_\_\_\_\_ SID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Maiden **NOT** Social Security Number

Program:  ADN       BSN       RADT

Mailing Address: \_\_\_\_\_  
No. & Street  
\_\_\_\_\_  
City State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Waiver Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rationale for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I understand:
- (1) the ADPG Review Committee will not process my request until all transcripts are on file with NSU or are attached with this request.
  - (2) the response to my request will be completed within 30 working days following submission.

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