

Return to:  
Director of Allied Health  
Yuba College Nursing Department  
2088 North Beale Road  
Marysville, CA 95901

**Student Petition for Readmission  
Completed by Student**

Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please mark the box:

Course(s):  N1  N2  N22  N3  N21  N4A  N4B  N33

Current grade(s) in course(s): \_\_\_\_\_

Please briefly state the reason for petition here: \_\_\_\_\_  
\_\_\_\_\_

Letter attached. This letter is an opportunity for the student to describe the steps they plan to take to address the reasons for their Drop/Withdrawal/Departure.

Please refer to the Nursing Student Handbook for policies/procedure/content/expectations related to readmission.

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

\_\_\_\_\_  
Date

**Below this line is for Nursing Department use only**

Met with Allied Health Director Date: \_\_\_\_\_ Summary of meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request is complete

Petition action

Approved

Denied

Student notified of result of petition. Date: \_\_\_\_\_