



Pre-Nursing Appeal

Name: _____ Tech ID/Star ID: _____

Local Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (____) _____ - _____

Instructions:

Prior to completing the Pre-Nursing Appeal, students must schedule an appointment with the Student Relations Coordinator to discuss options, including appeal process and deadlines. The Pre-Nursing Appeal and all supporting documents must be submitted one week prior to a Pre-Licensure Program Committee.

Appeal Due Date: _____ **Meeting Date:** _____

I. Attach a personal letter which includes the following information:

- Your appeal request.
- An explanation of the extenuating circumstances which impacted your academic performance.
- Your plan on how you have changed these circumstances.
- Strategies you plan to use which will enhance your academic performance in the future.

II. Attach documentation from professionals that have assisted you in these circumstances (example: physician, counselor, etc.) or acknowledgment of no additional supportive documentation.

III. Attach any other supporting documentation you would like the Nursing faculty to review.

Submit your Pre-Nursing Appeal form, personal letter and supporting documents to:

**Kasi Johnson, Student Relations Coordinator
School of Nursing
360 Wissink Hall
Mankato, MN 56001**

Students' names and other identifying information is redacted on the appeal documents. Students will be notified by letter from the Pre-Licensure Program Chairperson of their appeal acceptance or denial.

By signing below, I acknowledge that I understand the appeal process as outlined in the Pre-Nursing Handbook. Further, I understand that I will be required to meet the conditions outlined in the letter from the Pre-Licensure Program Chairperson, including a denial. I understand that if my appeal is denied, I may be unable to pursue nursing at Minnesota State University, Mankato. It is my responsibility to clarify appeal conditions.

Student Signature: _____ Date: _____