

Minnesota State University, Mankato
School of Nursing
The Pre-Licensure Program
Change in Progression Form (p. 1 of 2)

Student Name: _____

Tech ID#: _____

Address where response to this request should be sent:

Phone: _____

Student Instructions

Please place your signed documents in an envelope addressed to:

The Pre-Licensure Program Committee Chairperson
Minnesota State University, Mankato
School of Nursing, Wissink Hall 360
Mankato, MN 56001

The Pre-Licensure Program Committee will review your request. You may expect to receive a written response from the Pre-Licensure Program Committee Chairperson within one week following the next Pre-Licensure Program meeting.

Please meet with your advisor to complete the form located on the next page.

School of Nursing
Change in Progression Form (p. 2 of 2)

Request for:

_____ Leave of Absence, beginning _____(date) to _____(date)

_____ Return from Leave of Absence, please indicate the date you wish to return to the School of Nursing and which courses you wish to take).
Desired return date: _____

Courses: _____

_____ Need to Repeat a Course

_____ Other (Please specify): _____

Rationale (Please indicate the reason for your request)

Supportive Documentation

Please attach a copy of your DARS report and attach additional material as appropriate.

Date: _____

Signature of Advisor (obtain prior to submission)

Student Signature

For The Pre-Licensure Program Committee Use Only:

Date: _____ _____ Request Granted _____ Request Denied

Signature of The Pre-Licensure Program Committee Chairperson