

# APPEAL FORM

## TO THE UK UNDERGRADUATE NURSING PROGRAM

By signing below, I understand that I am petitioning for readmission into the College of Nursing undergraduate program and that I was dismissed from the program after failing a second NUR course. I further comprehend that I am not guaranteed readmission into the program and that it is within the college's sole discretion to deny or accept my petition. I also acknowledge that I have been informed of my rights, via the student handbook, to appeal to the Undergraduate Admission and Progression Committee and then to the Dean of the College of Nursing, if I so desire.

Student Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

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<b>Student Name:</b> _____	<b>Semester of 2<sup>nd</sup> Failure:</b> _____		
<b>Student ID #:</b> _____	<b>Email address:</b> _____@uky.edu		
<b>Current Address:</b> _____			
Street	City	State	Zip Code
<b>Current Phone #:</b> ( ) _____	<b>Cell Phone # :</b> ( ) _____		

Please answer the following eight questions to the best of your ability.

1. **Excluding** your most recent nursing failure(s), have you ever failed a course, earned a "D" or withdrawn due to poor academic performance at any higher education institution? Please explain circumstances that impacted your academic performance in the course(s).

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2. At any point in the Nursing program, did you create a student success plan? YES or NO (circle one) If yes, please attach a copy of that plan to this document. What goals and/ or objectives were you able to accomplish on that plan? Were there extenuating circumstances that impacted your accomplishment of the goals and/or objectives?

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3. What personal and/or academic changes did you make after you failed the first nursing course or in the semester that you failed two nursing courses? What changes will you make, now that you have failed a second NUR course? In addition, discuss the personal changes you have made that will allow you to make the academic changes you describe. Please be specific.

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4. Please describe as objectively as you can, what you think are your strengths and weaknesses as a nursing student.

Strengths:

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Weaknesses:

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5. On average, how many hours a week did you commit to the nursing program including class time, clinical time, study time, and practice time? Please include # of absences from Class Time and Clinical Time.

Class Time: \_\_\_\_\_: \_\_\_\_\_ absences      Study Time: \_\_\_\_\_

Clinical Time: \_\_\_\_\_: \_\_\_\_\_ absences      Skills Practice Time: \_\_\_\_\_

6. Would you say you strive to be an "A", "B", or "C" student? \_\_\_\_\_

7. What will you do if you are not readmitted to the program?

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8. Please list no more than 3 Instructor references who can speak to your nursing clinical and critical thinking skills.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_

**Additional Information Required**

**1. In one-two pages (typed, double spaced, 12 point font) please outline circumstances you believe affected your academic performance this semester. You should also articulate your motivation to become a nurse. In addition, you may include reasons why you believe you would be successful if given another opportunity to progress through the program.**

**2. Please submit an Instructor Feedback Form for each of your Nursing courses since you have entered the program, regardless of grade you received.**

**3. Attach an unofficial UK transcript to this petition.**

# Instructor Feedback Form

Student Please fill out the following for each nursing class attempted:

**Student Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_ **UK email address:** \_\_\_\_\_@uky.edu

**Course for which feedback is solicited:** \_\_\_\_\_ **Semester Taken:** \_\_\_\_\_

Instructor: This student is appealing to return the undergraduate nursing program. Please assist this student in completing this form and return to the Associate Dean of Undergraduate Education office.

**\*\*\*\*\*The remainder of this form is to be completed by the instructor of record.\*\*\*\*\***

**1. Attendance**

- A. Did you take attendance in this course? YES NO (circle one)
- B. If yes, was the student attendance: Regular Sporadic Rare Tardy (circle one)
- C. Did you notice a change in attendance at any point during the semester? YES NO (circle one)
- If yes, what was the approximate date you noticed the change: \_\_\_\_\_

**2. Performance (Please circle one: Clinical or Didactic)**

Type of Assignment	Grade Earned	Observation/ Notes
Evaluation/Exam #1		
Evaluation/Exam #2		
Evaluation/Exam#3		
Evaluation/ Exam #4		
Evaluation/ Exam # 5		
Evaluation/Exam # 6		
<b>Overall Grade</b>		

**3. Student Contact**

- A. Did you have contact with the student outside the classroom? YES NO (circle one)
- Please explain: \_\_\_\_\_
- \_\_\_\_\_
- B. Did the student initiate contact with you? YES NO (circle one) At what point in the semester?
- \_\_\_\_\_

**4. Please verify the information above:**

\_\_\_\_\_

Print Name Signature Today's Date



