TITLE: OUT-OF-SEQUENCE PROGRESSION FOR DOCTOR OF NURSING PRACTICE DEGREE STUDENTS

POLICY: On admission a curriculum plan is developed to ensure courses are sequenced in an academically sound manner and that graduation is timely. Students unable to follow the curriculum plan developed at admission will have requests for curriculum plan revisions considered on an individual basis.

RATIONALE: The College has a responsibility to ensure the academic integrity of the student’s curriculum, availability of clinical placements, and faculty supervision of students. Therefore, careful planning is required for exceptions to standardized curriculum plans.

PROCEDURE:

1. Students who need to revise their curriculum plans, meet with their Academic Advisor to assess the feasibility of changing the existing plans.

2. The student completes Petition for Revision of Curriculum Plan form (Attachment #1) and forwards to Associate Dean for Student Affairs (ADSA).

3. The ADSA consults with the Academic Advisor, specialty Track Coordinator, and Program Director as to the availability of resources for the proposed revised curriculum plan.

4. The ADSA will inform the student in writing of the decision regarding the petition within ten (10) working days of receipt of the petition. If approved, a copy of the revised curriculum plan is included. The ADSA distributes copies per the distribution list.

5. A student may seek guidance from their Academic Advisor or the ADSA at any time in the curriculum review process.

6. Written progression requirements will be monitored by the student’s Academic Advisor in conjunction with the ADSA.

7. The ADSA will notify the student of dismissal from the program if the student is unable to meet the out-of-sequence progression requirements.
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<th>Responsible Party</th>
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<th>Most Recent Approval / Review Of Changes</th>
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- Bold indicates A-01 responsibility. This policy was previously routed to AAC & Faculty Organization
Petition for Revision of Curriculum Plan
[To be Completed by Student]

Student Name: ___________________________  Phone #: _______________________

Email: ___________________________  Academic Advisor: _______________________

Specific Request for Revision of Curriculum Plan:

________________________________________________________________________
________________________________________________________________________
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Rationale for Petition:

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________________________________________________________________________

Student’s Signature ___________________________  Date __________

Program Director ___________________________  Date __________

ADSA ___________________________  Date __________

Distribution --  Original to:  _____Student Record
Copy to:  _____Student  _____Track Coordinator  _____Academic Advisor  Program Director