

ARKANSAS NORTHEASTERN COLLEGE
Associate Degree Nursing Program
Request for Exception or Waiver

Please complete and mail this form to the RN Nursing Director at:
Arkansas Northeastern College
P. O. Box 1109
Blytheville, AR 72316-1109

- _____ Exception to a prerequisite course/curriculum sequence
- _____ Course substitution
- _____ Extension of application deadline
- _____ Exception to 2.50 GPA requirement
- _____ Missing or incomplete immunizations
- _____ Other; please specify _____

Explanation of Waiver Request (must be completed):

This form is provided only for applicants who anticipate that one or more of the minimum requirements for admission into the Associate Degree Nursing program may not be fulfilled by the application deadline. This form will be reviewed by the nursing faculty along with your application. Completion of this form does not guarantee approval of the request.

Print Name: _____ Signature: _____

Today's Date: _____

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FOR NURSING OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE

Faculty review date _____ Approved Disapproved

Comments:

Associate Degree Nursing Director: _____ Date: _____

Dean, Nursing, Allied Health & HPER: _____ Date: _____