

ARKANSAS NORTHEASTERN COLLEGE
Practical Nursing Program
Request for Exception or Waiver

Please complete and mail this to:
Barbara Greene, RN - PN Director
Arkansas Northeastern College
P. O. Box 36 Hwy 148 and I 55
Burdette, AR 72321

- _____ Exception to a prerequisite course/curriculum sequence
- _____ Course substitution
- _____ Extension of application deadline
- _____ Exception to 2.0 GPA requirement
- _____ Missing or incomplete immunizations
- _____ Other; please specify _____

Explanation of Waiver Request (must complete and attach any supporting documentation):

This form is provided for applicants who anticipate that one or more of the minimum requirements for admission into the Practical 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: _____

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

Faculty review date _____ Approved Disapproved

Faculty Signatures: _____

Comments:

Practical Nursing Director: _____ Date: _____

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