



*NURSING PROGRAM*

## Petition

*Please type!*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Submit the form to the address listed at the bottom of this page Please allow 4 weeks for processing and review. The director's decision will be mailed to you.

### Student Status

I am applying to the following program:

1+2+1 Nursing Program

Please provide the following:

High School GPA \_\_\_\_\_ SAT score \_\_\_\_\_ or ACT score \_\_\_\_\_

Please attach a personal essay explaining why you would like to be considered for the 1+2+1 Nursing program.

### Director Recommendation

Director Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petition Approved

Petition Not Approved

Director's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Admissions Department  
1+2+ 1 Nursing Program  
701 N. Clinton Street  
Defiance, OH 43512  
Attn: Jennifer Stark