

College of Nursing Undergraduate Admissions, Progression & Graduation (APG) Waiver Guidelines

Instructions for submitting a **WAIVER, SUBSTITUTION, or CONTINUATION** Request to the College of Nursing

To WAIVE an Admission or Application requirement: Applicants must submit a completed petition (page 2) and a detailed letter explaining the reason for the appeal (i.e. exemption for catalog year requirement).

To SUBSTITUTE a program pre-requisite: For nursing prerequisite courses completed out of state or at a private institution, applicants must submit a completed petition (page 2) along with an official course description for each course being petitioned.

To SUBSTITUTE a Nursing Curriculum Course: For nursing courses completed in a previous program (i.e. research methods or an elective), students must submit a completed petition (page 2) along with an official course description for each course being petitioned.*

*Note: Approved substitution of NUR3165 Nursing Research may require the student to complete NUR3167 Nursing Research Seminar for 1 Credit Hour. If this course is not offered, then the student **MUST** take NUR3165.

To request CONTINUATION in the program: Student must submit a completed petition (page 2) and a detailed letter explaining the failure and measures taken to prevent a repeat failure.

All petitions and supporting documents must be submitted to the College of Nursing **no later than 12:00 noon the day before the monthly committee meeting***. Petitions may be submitted by one of the methods below:

1. Email to UCFNurse@ucf.edu. Attachments must be in one of the following file types; .doc, .docx, .jpg or .pdf.
2. Hand deliver to the College of Nursing Reception Desk on the 3rd floor. No appointment is needed.
3. Mail to the College of Nursing at 12201 Research Parkway, Ste 300, Orlando, FL 32826.

*Note: Forms received after this time will be reviewed at the next regularly scheduled meeting.

The following will **NOT** be accepted:

1. **Forms that are handwritten and illegible.** Typed forms and documents are preferred. We will accept handwritten forms that are legible. (It is up to the committee to determine legibility).
2. Incomplete petitions (i.e. missing name, missing email, missing course information, missing course description, etc).
3. Faxed copies of petitions and/or supporting documentation.
4. Course **descriptions** which are typed or handwritten. The descriptions must come from the course catalog and if printed from the website they must have a web address on the paper showing where it is from.

Petitions that are denied may be appealed in person to the committee. Please contact College of Nursing Undergraduate Student Services for information on how to submit an appeal at (407) 823-2744.

UCF College of Nursing Undergraduate Admission, Progression, Graduation (APG) Waiver/Petition

SECTION 1				SECTION 2 (For program continuance only)		
Name: First, MI, Maiden, Last		Date:		Current GPA: _____		
PID		Phone No.		Semester Affected:		
Address: Street		E-mail		<input type="checkbox"/> Sp <input type="checkbox"/> Su <input type="checkbox"/> F <input type="checkbox"/> N/A		
City		Zip		Year _____		
State						
SECTION 3 Program		SECTION 4 Campus (Choose One)		SECTION 5 Purpose of Petition (Choose One)		
Select current program or program of interest: <input type="checkbox"/> Basic <input type="checkbox"/> Concurrent <input type="checkbox"/> 2 nd Degree Accelerated <input type="checkbox"/> RN-BSN <input type="checkbox"/> RN-MSN		<input type="checkbox"/> Orlando <input type="checkbox"/> Web <input type="checkbox"/> Cocoa <input type="checkbox"/> Daytona <input type="checkbox"/> Altamonte Springs (Concurrent Students) <input type="checkbox"/> Valencia West (Concurrent Students) <input type="checkbox"/> Lake-Sumter (Concurrent Students)		<input type="checkbox"/> Waive an Admission or Application Requirement <input type="checkbox"/> Substitute a Pre-requisite or Nursing Curriculum Course <input type="checkbox"/> Petition for Continuation in the Nursing Program <input type="checkbox"/> Other (Explain in Section 7 and provide letter)		
SECTION 6 (for Course Waiver/Substitution Only) – MUST INCLUDE official course descriptions printed from the course catalog of the institution course was completed at.						
Course Prefix & Number	Name of Course Taken	Credit Hours Taken	Name of School Where Taken	Date Taken (Semester/Year)	Grade Received	For Which UCF Course Name
SECTION 7 (Continuance in College of Nursing, Admission/Application Waiver, OTHER requests only) – Include letter as outlined on page 1.						
Additional Comments:						
APG COMMITTEE RESOLUTION		Comments:				
<input type="checkbox"/> Substitution of NUR3165 is approved. Student is NOT required to take NUR3167. <input type="checkbox"/> Substitution of NUR3165 is approved. Student IS required to take NUR3167 .						

_____ Date Received by CoN _____ APG Committee Chair _____ Date _____ Date Student Notified _____ Date Degree Audit Updated

FAXED copies **will not** be accepted. Incomplete packages (e.g. missing course descriptions) **will not** be reviewed.

Results will be emailed to the student at the email address provided in Section 1 of this form within 7 to 10 business days following the committee decision. UCF DARS Degree Audit updates will be completed within 30 days, however if UCF does not have the official transcripts, the updates will not take effect until those transcripts are received and processed by the Registrar’s Office.

Petitions may be mailed to: UCF College of Nursing
 12201 Research Parkway
 Suite 300
 Orlando, FL 32826

APG Petitions may be emailed to: UCFNURSE@ucf.edu