GENERAL NURSING STUDENT PETITION

Glendale Community College • Department of Nursing

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City Zip

GCC Student ID: _____ E-mail address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Check the semester and schedule you are currently enrolled in:

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Standard ☐ Weekend/Evening

Describe your request below:

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_____ _____/_____/_____

Student Signature **Date**

-- THIS SECTION FOR DEPARTMENT USE ONLY --

☐ Approved ☐ Denied

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_____ _____/_____/_____

Emelyn Judge, Associate Dean, Health Sciences Date