



School of Nursing

Procedure for Students to Submit an Appeal to the Student Affairs Committee

The University of Delaware's School of Nursing Student Affairs Committee (SAC) is designed to review and make decisions about student appeals concerning curricular requirements and progression. Examples include when students earn less than C- in 2 or more NURS courses, when their GPA falls below 2.0 and students are restricted from NURS courses, or when requesting course substitutions.

SAC meets monthly during the academic year and as necessary during the summer. Students do not meet with the committee; instead students submit written appeals and documentation with the assistance of their advisor. SAC will review your appeal at the next scheduled meeting following submission of your appeal by the advisor. You will be notified of the Committee's decision within two weeks of the committee's decision.

Students – if you are requesting an appeal you must:

- A. Meet with your advisor to discuss the nature of, and appropriateness of, the appeal.
- B. Complete an appeal form.
- C. Request that your advisor complete their portion of the appeal form.
- D. Appeals must be submitted by the advisor to the SAC Chair who will forward your request to the committee.

Directions for filling out Appeal Form:

1. Fill out the date and student information sections completely.
2. Indicate your rationale for the appeal.
 1. Write your appeal. It should be typed. Your petition should state clearly what you are asking the committee to do and should describe your circumstances. Please include a history of what happened, your current situation, and if appropriate, what you will do and have done to achieve success in the future. The appeal should be brief, but complete.
 2. If appropriate, gather documentation of your extenuating circumstances. Appropriate documentation will vary with each case, but examples include course syllabi, letters from health professionals, professional counselors, hospital bills, death certificates or obituaries, and legal documents. All letters from professionals should be on their letterhead and should include a current telephone number so that we can call to verify the authenticity of the documentation. Please note that letters from parents, friends, and family members are generally not sufficient and may not be considered by the committee.
 3. If appropriate, provide a plan for future remediation or evidence of completed remediation. This may include a letter of your employment in the health care field, or classes you took to bring up your GPA, or working with a tutor.

Second Appeals:

Second appeals to the SAC committee regarding the same issue will be considered if there is new evidence for the committee to consider.

If you have extenuating circumstance that have affected your academic performance:

You should read about possible CURC actions on the CURC website (<http://www.udel.edu/registrar/students/curc.html>). You can get further guidance about this procedure from Dr. Carolyn Quinci, CHS Dean's Office, 345 MDH, UD.

University of Delaware
College of Health Sciences
School of Nursing

Student Affairs Committee

Appeal Form

Date:

Student Information:

Name:

Class of:

Address:

Phone:

e-mail:

Is this your first appeal?

If not, please indicate date and reason of previous appeal(s):

Current cumulative GPA: _____ as of date: _____

Reason for appeal (check all that apply)

_____ **Permission to re-enter the major after 2 grades below C-**

_____ **Permission to postpone taking a required *non-nursing* course.**

_____ **Permission to continue in nursing curriculum with a GPA of < 2.0.**

_____ **Permission to retake a nursing course prior to next regularly scheduled course offering.**

_____ **Substitution of *non-nursing* course requirement**

_____ **Substitution of *nursing* course requirement**

_____ **Other (briefly explain):**

This section to be completed by Student:

Indicate rationale for appeal below. If applicable, attach supporting documentation or remediation plan according to the guidelines above.

This section to be completed by Adviser/Faculty

Date:

Faculty Name:

Please provide: (1) summary of background information, and (2) your recommendation with rationale:

SAC Recommendation:

Date:

Vote: _____

_____ **Appeal granted**

_____ **Appeal granted with stipulations**

_____ **Appeal denied**

_____ **No action taken**

_____ **Appeal returned**

Comments: