



## Nursing Appeal Form

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

Phone Number: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Appealing:

Repeat Policy for the following class(es) \_\_\_\_\_

\_\_\_\_\_

Age of course for the following class(es) \_\_\_\_\_

\_\_\_\_\_

Along with this form, you will need to submit

- copies of your unofficial transcripts for the committee to review
- a typed document explaining of any extenuating circumstances for the committee to review
- any supporting documentation that would explain/support your appeal

Students need to look on the nursing home page under the “additional Information” link to know the dates of any upcoming nursing appeals committee meetings and note that the appeal with any/all supporting documents need to be submitted 1 week prior to the meeting.

The appeal can be emailed, mailed, or hand delivered to:

Susan Floyd, Nursing Director  
3803 Central Avenue  
Billings, MT 59102  
sfloyd@msubillings.edu, 247-3073  
office: Health Sciences Building room 230