York College Department of Nursing Student Appeals Form

Name: _____ **Date:** _____

EMPL ID: _____ **Email:** _____

Mailing Address: vnzxbnzxvn

Home Phone: _____ **Cell Phone:** _____

Course Name: _____

Please check one: ☑ **Generic Nursing Student** ☑ **Current RN**

[ ] Attach a copy of evaluated transcript (if necessary)

State reason (s) for appeal request:

nznvnvznnz

nzn

nfnfncbnfgngnnz

nxcvncn

cncznxcn

***Attach additional sheet(s) if needed**

Student Signature : _____

Committee Action: ☑ **Denied** ☑ **Approved**

Comments: