School of Nursing
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Petition for Reinstatement to the School of Nursing

Name	/ID#	Nursing Program	Level in program
_____	/_____	_____	_____

Instructions: *Send this completed form with a cover letter and a copy of your unofficial SF State transcript to the Director's Office of the School of Nursing.*

1. Describe the problem.

2. Identify the factors that contributed to the problem.

3. How did you (or do you) plan to address the problem?

4. What will you do to assure you will avoid similar problems in the future?

Student's Signature _____ Date _____

4/14/99, Faculty Approved
Revised by S.G. 6/24/09