



School of Nursing and Allied Health
3820 Sen. J. Bennett Johnston Ave.
Lake Charles, LA 70616
Office: 337-421-6594 Fax: 337-491-2103

NURSING AND ALLIED HEALTH APPEAL FORM

Please complete the form below and submit to the Dean of Nursing.

Student Name _____ Date _____

Student ID Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Course(s) requesting to repeat: _____

Dates you have entered into the program: Attempt 1 _____ Attempt 2: _____

Name of your program Faculty Advisor: _____

Dates you met/spoke with Faculty Advisor: _____

Rationale for request to reenter:

_____ Death of immediate family member. Submit obituary, prayer card, other evidence to validate.

Note: immediate family member includes mother, father, siblings, spouse, and children.

Relationship _____ Date of loss _____

_____ Personal Illness.

Submit letter from health care provider stating that your illness impacted your ability to be successful in your course. Letter must state date when illness was diagnosed.

NO PERSONAL HEALTH INFORMATION to respect HIPAA regulations.

_____ New or change in medication that impacted ability to be successful in a course.

Submit letter from health care provider stating that there was a prescription for a new medication or a change in medication regime and date that the medication was ordered.

NO PERSONAL HEALTH INFORMATION to respect HIPAA regulations. Provide evidence medication change reported to the appropriate Nursing Board, if applicable.

_____ Illness of immediate family member. Relationship _____ Date _____

Submit letter from health care provider stating that the illness impacted your ability to be successful in your course. Date illness was diagnosed. NO PERSONAL HEALTH INFORMATION to respect HIPAA regulations. Note: immediate family member includes mother, father, siblings, spouse, and children.

_____ Other. Describe situation in detail and attach to this form. Include any supporting documentation you deem important to your case.

Also include a letter stating the request for reinstatement to the program, which includes an explanation of the reason the student feels contributed to the poor academic success and a plan of action describing what the student will do differently if allowed to continue in the program. If you have entered into the program more than the allowed number of entries by your program, (ie. Program allows original entry and 1 reentry) state reason you were not successful with each attempt in the program. Note that faculty committee members will review student's grades, clinical performance and grades, attendance records, and any counseling forms as part of the appeal process.