Texas A&M International University
College of Nursing and Health Sciences - Dr. F. M. Canseco School of Nursing

Select one: n BSN Applicant/ Student n BSN Program Transfer Student
n RN/BSN Applicant/ Student n MSN Applicant/ Student

Petition for Special Consideration

Name: Student ID: Date:

Address: _____
Street City State Zip
E-mail address: _____ Daytime telephone number:

Are you a 4-year degree person seeking a second degree? _____ Yes _____No

I. Request for special consideration:

_____

_____

_____

_____

_____

II. Justification and supporting documentation for special consideration:

_____

_____

_____

_____

_____

DO NOT WRITE BELOW THIS LINE
STUDENT AFFAIRS COMMITTEE

Committee notes: Date:

Committee decision: _____ Approve _____ Disapprove _____ More information requested
Program Director Decision: _____ Approve _____ Disapprove
Dean Decision: _____ Approve _____ Disapprove