

San José State University  
The Valley Foundation School of Nursing (TVFSON)  
**Petition Form**

Name: \_\_\_\_\_  
Last, First

SJSU ID #: \_\_\_\_\_  
(if applicable)

Email: \_\_\_\_\_  
(SJSU email, if applicable)

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

Semester level from current semester: \_\_\_\_\_

This petition may be used to request a variety of actions including, but not limited to:

Complaint or grievance, if in program

Nursing Disqualification appeal

Nursing Program admission

Repeat a course for admission

Nursing Course grade appeal

Nursing Program progression issue

Repeat TEAS exam (Meets minimums)

Other:

Supporting documentation may include emails or notes, course descriptions or syllabi, course grades, evaluations, etc. If you are petitioning for program admission, please include TEAS exam results and transcripts. A summary of circumstances (not to exceed one page) and how students intend to remediate (if applicable) may be attached.

A separate petition is required for each request. After completing this form submit to [nursing@sjsu.edu](mailto:nursing@sjsu.edu).

**I am petitioning  
or request that:**

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only**

Date: \_\_\_\_\_

**Decision:**

TVFSON Representative and Title (of Student Affairs or Executive Committee Chair)

Name: \_\_\_\_\_  
print name

Signature: \_\_\_\_\_