



GRADUATE ADMISSION, PROGRESSION, GRADUATION (APG) PETITION/WAIVER FORM

SUBMIT COMPLETED FORM & SUPPORTING DOCUMENTS TO gradnurse@ucf.edu OR FAX TO 407-823-5675

Name: _____ Date: _____
First Middle Initial Last

PID: _____ Phone: _____ Knightsmail: _____

Program: MSN DNP PhD Certificate

Specify Track: _____ Graduate GPA: _____

CHECK ONE:

- Request for Continuation in the College of Nursing
- Other:

DESCRIBE REQUEST AND REASON TO SUPPORT REQUEST (attach additional pages as needed):

Student Signature: _____ Date: _____

-----**FOR OFFICE USE ONLY**-----

RESOLUTION: The above waiver has been reviewed by the APG Committee with the following judgment:

- Approved
- Approved with Conditions
- Not Approved

OTHER RESOLUTIONS/CONDITIONS AS SPECIFIED BY COMMITTEE:

APG Committee Chair _____ Date: _____