Prerequisite Exception Request Form

Name: **USI ID:** **USI Email Address:**

Exception Requested:

Reason for Exception:

First Semester of Nursing courses are: NURS 246, NURS 247 and NURS 251= 11 hours

Second Semester of Nursing courses are: NURS 353, NURS 356, NURS 357, NURS 358 = 15 hours

When saving this form, name this form using your Last Name, First Name, ID, Exception Request Example: Eagle, Archibald, 123456789, Exception Request