

**Medical University of South Carolina
Admission, Progression and Graduation Committee
Student Petition Form**

Date _____

Name _____

Social Security Number _____

Address _____

Home Telephone _____

Work Telephone _____

Program of Study _____

I am requesting the following consideration by the Medical University of South Carolina College of Nursing Admission, Progression and Graduation Committee:
(If more space is required, attach a separate sheet or additional background information)

APG Committee Decision from _____, _____ meeting: