

**Arizona Western College
Healing Community Nursing Program**

Petition for Instructional Issues

Name: _____ Student ID#: _____

Phone #: Home _____ Work _____ Other _____

Address: _____

AWC Email address: _____

Petition is regarding: _____

State specifically the action that you are requesting and why (Be brief but thorough. You may attach another page if necessary.)

Student Signature: _____ Date: _____

Faculty Signature: _____ (optional) Date: _____

Director of Nursing Signature: _____ Date: _____

Request is: Approved Denied Referred to: _____

Signature: _____, Director of Nursing

Date: _____ Comment: _____