

Admission, Progression and Graduation (APG) Request Form

Directions: Complete **this form** and attach it to a **formal letter** that summarizes your request for the Admission, Progression and Graduation Committee (APG). **Send both** by **registered mail** to the following:

**Indiana University East
Department of Nursing
Attn: Diane Baker RN, BSN, MA,
Hayes Hall
2325 Chester Blvd.
Richmond, IN 47373**

Date: _____ Student ID #: _____
Name: _____ Current e-mail: _____
Address: _____

Phone No.: Day _____ Eve. _____ Cell _____

Nursing Advisor Name: _____

Course #: _____ Semester/Year: _____ Failed _____ Withdrew _____

Course #: _____ Semester/Year: _____ Failed _____ Withdrew _____

Was there an existing intervention plan? _____ Yes _____ No

If yes, state how you met the plan.

If no, explain why.

Courses requesting permission to take: _____ Semester: _____ Year: _____

In your formal letter, list the plan of progression through the program by semester and year, through graduation, if your request through APG is granted.

***note:** You are **required** to provide a copy of this completed form and letter to your nursing advisor and make an appointment with her/him to discuss your request and learning needs.

Administrative use only.

Sent as registered letter _____ Date received _____

Advisor signature of receipt of letter and form _____

APG committee signature of review of letter and form _____

APG,fall,2002dmb;APG revised 8/21/07dmb