

# Nursing Exception Form

The LCC Nursing Program uses a point-based Selective Admissions process to rank students for seat placement. Admission criteria is outlined in the [Nursing Advising Guide](#) and is intended to ensure that all applications are evaluated in a uniform manner. The program recognizes there may be unique situations that impede an applicant's ability to meet and admission guideline. Students who believe their situation represents a compelling circumstance may request an exception. In fairness to all candidates, exceptions are granted infrequently.

**Requests will be reviewed by the Nursing Program Director.  
Decisions will be sent to LCC email within 1-2 weeks of submission.**  
\*\*\***Email your completed form to [selective\\_admissions@star.lcc.edu](mailto:selective_admissions@star.lcc.edu)**\*\*\*

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Student Number: X00 \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 LCC Email: \_\_\_\_\_@mail.lcc.edu Date: \_\_\_\_\_

## Nursing Track

What Nursing Track do you plan to apply to?

- 2-Year       2<sup>nd</sup> Degree       Advanced Standing

Which application year do you plan to apply for? \_\_\_\_\_

## Exception Request

What type of exception are you requesting? Select the option(s) that best describe your request:

- I would like an extra attempt to achieve the minimum grade at one or more of the required courses.
- I completed Anatomy, Physiology, and/or Microbiology over 8-years ago and would like it to satisfy the admission requirement.
- I would like a course completed at another college to satisfy an admission requirement even though it does not transfer into LCC.
- I would like to take a required course at another college during the semester of the application deadline.
- Other

Which course(s) are you asking for an exception? Select all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BIOL 201        | <input type="checkbox"/> BIOL 202      | <input type="checkbox"/> BIOL 203                               |
| <input type="checkbox"/> English/Writing | <input type="checkbox"/> Math          | <input type="checkbox"/> NURS 201                               |
| <input type="checkbox"/> PFHW 163        | <input type="checkbox"/> Communication | <input type="checkbox"/> Humanities, Fine Arts, Social Sciences |

State what the exception is that you are asking for and explain why you believe it should be granted:

### Submission Instructions

By submitting this form, you agree to the following terms:

- Approved exception request forms must be attached to the student's Selective Admissions application at the time of submission. *\*Keep a copy for your records.*
- This form only applies to Nursing program entrance requirements. Additional documentation may be required when applying for the Nursing degree; the student is responsible for obtaining this.
- Approved exception requests are good for the selection period listed in the Director's comments section. If not admitted during that selection process, the student must complete the requirement as described in the current [Advising Guide](#) OR approval of a new exception request is needed.

*Email completed form to [selective\\_admissions@star.lcc.edu](mailto:selective_admissions@star.lcc.edu)  
Submit supporting documentation with this form if you feel it is appropriate.*

### Program's Decision (Office Use Only)

Results: \_\_\_\_\_ Valid for the following Selection Period(s): \_\_\_\_\_

Decision made by: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: