

**BRONX COMMUNITY COLLEGE**  
Departmental of Nursing & Allied Health Sciences  
**(LPN, RN and RAD-TECH)**

CUNY first ID# / EMPLID#  
Home address (with apt # if applicable)  
City, state, zip code  
Month, day, year

**S**

**Dear Waiver and Promotion Committee Members,**

**I am hereby asking you to consider my request to be allowed to repeat NUR \_\_\_\_\_ in ( Semester), ( Year ).**

**A**

- **My history in prior NUR courses is as follows: (Semester)**
- **My history in prior CLE , RAD and PNR courses is as follows: (Semester)**

**List any prior W's D's, C-'s or F's in the course and the semester occurred.**

**M**

**During the (fall or spring), (Year), semester, I was unsuccessful in NUR\_\_\_\_\_ because \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.**

**P**

**Describe your situation in this space and attach supportive documents. (I.e. police reports, restraining orders, court documents, medical documents, work/house/childcare/other responsibilities, etc.) (copies only please). Also attach a copy of your current transcript.**

**L**

**Based on the above, I am hopeful you can review my appeal and find in my favor. I look forward to your response. I can be reached at (area code) phone number.**

**E**

**Thank you for consideration of my request.**

**Sincerely,**

**Signature**  
**Print full name**