

REACTIVATION REQUEST/PN COURSE WAIVER

**Please print and complete this form if needing to request reactivation of your nursing file or to request a waiver for PN courses. Submit completed form to the Nursing Department located in Neal Hall, via email to hcox@lakelandcollege.edu or fax to 217-234-5019.

REACTIVATION REQUEST

I, _____, am requesting that my file for the _____ Program
(Name/Student ID) (Academic program type)
be reactivated for the Fall _____ semester.
(Year)

PN COURSE WAIVER

***To obtain this waiver a student **must** complete BIO 225, BIO 226, **AND** HED 102 with a grade of "C" or better.

I, _____, am requesting a waiver for PNC 049 for Fall _____
(Name/Student ID) (Year)
semester.