

**Yale University School of Nursing**

WAIVER/CHALLENGE FORM

**PLEASE COMPLETE THE FORM, HAVE IT SIGNED, AND TURN IN TO THE  
STUDENT AFFAIRS OFFICE AS SOON AS POSSIBLE**

Student's Name:

Student ID#:

Course:

Instructor:

Date:

Request:

Waive

Challenge

PREVIOUS EXPERIENCES: List courses, when taken, where taken, grade, course, objectives, textbook used, etc. Append a copy of relevant transcripts, if not already submitted as a part of the Admissions Application; for clinical or other work experience, please describe in detail along with location of experience, dates, and skills mastered.

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INSTRUCTOR'S RECOMMENDATION:

1) Waiver (By demonstration of previous course work which was successfully completed):

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

2) Challenge (by examination or paper):

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

(Circle one): Grade: HONORS HIGH PASS PASS

Instructor's Signature \_\_\_\_\_