

**Good Samaritan College of Nursing and Health Science
Cincinnati, Ohio**

CLASS PETITION

STUDENT NAME: _____

DATE: _____

CLASS: _____

LAB: _____

Petition accepted: _____
Yes/No

Signature of Professor (Required)

Date

NOTE: Please return this completed form to Pat Whitehead.

E-Mail Attachment – pat_whitehead@trihealth.com

FAX – 513-862-3572

Mail: Good Samaritan College of Nursing and Health Science
375 Dixmyth Avenue
Cincinnati, OH 45220

Questions? – Call Pat Whitehead at 513-862-2493