

TEXAS BOARD OF NURSING
Petition for Extension of a Faculty Waiver Form

Name of Program/Type of Program: _____

Name of Waivered Faculty Member: _____

LVN ___ RN ___ License Number: _____ State: _____ Expiration Date: _____
(Select type)

Requested Dates for Extension of Waiver: From _____ To _____

Rationale for Extension of Waiver:

Projected Completion Date of Requirements/Degree, if applicable: _____
_____ # of credit hours earned to date _____ # of credit hours remaining to meet educational requirements

Expected Teaching Responsibilities:

Plan for Supervising and Mentoring Individual:

Plan for Assisting Waivered Faculty to Meet Board's Requirements:

PROGRAM DATA

Current composition of faculty: _____ FT _____ PT

Faculty turnover for current year: _____ FT _____ PT

Current number of faculty with waivers:
NCLEX-PN® ___ NCLEX-RN® ___ Examination pass rate for current (20 ___) Academic Year _____ %
(Select type)

Dean, Director, or Coordinator Signature

Date