Monty Tech Practical Nursing Program

Request for Course Exemption Program Year 2027 - 2028

_____

(Student's Name – Please Print)

Our records (an official transcript is on file) indicate that you have successfully completed (**C+ or better**) one or more of the following courses within the **last three (3) years**, which are comparable to content provided in the first ten weeks of the Monty Tech Practical Nursing Program.

You may audit any exempt course. **You must be present for all courses from which you are not exempt**. Your tuition will be reduced by the amount shown per course exemption.

☐ **Structure & Function**
(72.5 hours=$709 for In-District Students & $830 for Out of District Students):

_____ Anatomy and Physiology I (college level course with lab) AND

_____ Anatomy and Physiology II (college level course with lab) OR

_____ Essentials of Anatomy and Physiology (LPN course with lab)

Date course taken: _____ Grade: _____

Date course taken: _____ Grade: _____

☐ Approved ☐ Approved with recommendation to audit class content ☐ Not Approved

☐ **Growth and Development of the Individual and Family**
(45 hours=$440 for In-District Students & $515 for Out of District Students):

_____ Human Growth and Development across the Life Span Development

Date course taken: _____ Grade: _____

☐ Approved ☐ Approved with recommendation to audit class content ☐ Not Approved

_____ _____

Student's Signature Date

_____ _____

Director's Signature Date

Form due by 8/2/27 Rates subject to change **Rev 10/26**