William F. Connell School of Nursing
Boston College

Permission for Undergraduate Student to Enroll in Graduate Nursing Course

Student Name: ______________________________________________________

Eagle ID:___________________ Year of Graduation:________________________

Phone Number to be reached at: ________________________________________

Course Name: ______________________________________________________

Course Number: ______________________ Semester: ______________________

Registration Date: ______________________ Registration Time: ____________

*Signature of Student:____________________________________ Date:__________

Other Required Signatures:

The above named student has permission to enroll in this course:

Student’s Academic Advisor or Associate Dean, Undergraduate Nursing Program:

___________________________________________________ Date: ____________

Faculty teaching the course:

___________________________________________________ Date: ____________

Notes to Student:

• *Disclaimer: Participation in the class is subject to space availability
• Graduate level courses do not have study days. All students in graduate courses are expected to attend classes scheduled on undergraduate study days
• Graduate schools may not accept these courses for transfer credit if it is their policy not to allow credit for courses applied to other degrees
• Student must return this signed form to the Graduate Office in Cushing 202
• Graduate Office will then return this form to Undergraduate Office for filing in student record