Permission for Undergraduate Student to Enroll in Graduate Nursing Course

Student Name: ______________________________________________________________

Eagle ID Number: ___________________________ Year of Graduation: ______________

Phone Number: ___________________________ Email Address: ______________________

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:

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 Maloney Hall, Suite 219

*Graduate Office will then return this form to the Undergraduate Office for filing in student record