EMORY UNIVERSITY
NELL HODGSON WOODRUFF SCHOOL OF NURSING
APPROVAL FOR DIRECTED STUDY

Please check one of the following:

NRSG 497R或者NRSG 695R (clinical)
NRSG 697R或者NRSG 797R (PhD course)

Term/Year (check one and enter year):
Fall ___________ Spring ___________ Summer ___________

Student Name ____________________________________________

Emory ID ___________________________ Number of Credits: ____________

Faculty Name ____________________________________________

Topic of Study ____________________________________________

Letter Grade ________ - OR- Satisfactory/Unsatisfactory ____________
(Please check one)

IMPORTANT DETAILS

UNUR Students – In addition to completing this form you must also send an email request to nursingregistrar@emory.edu to enroll in this course. The course will not appear in OPUS or on your transcript until you are enrolled.

GNUR/DNP Students – Please make certain to register for this course in OPUS. The course will not appear on your transcript until you self-register for the course.

PLEASE DO NOT WRITE BELOW THIS LINE

Teaching Faculty Signature ____________________________ Date ____________

Assoc. Dean for BSN Education ____________________________ Date ____________

MSN Program Director ____________________________ Date ____________

DNP Program Director ____________________________ Date ____________

PhD Director (NRSG 797R) ____________________________ Date ____________

Return this form to the Office of Enrollment and Student Affairs, Room P10G. Should you have additional questions/or concerns, please call Sabrena at 404-727-3500.

Rev. 9.7.17