

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

Please check one of the following:

NRSG 497R _____ NRSG 695R (clinical) _____

NRSG 697R _____ 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.