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 ___________ NRSG 799R ___________

Term/Year:

Fall _________ Spring ___________ Summer _________

Student Name _________________________________________________________

Emory ID ___________________________ Number of Credits: __________

Faculty Name _________________________________________________________

Topic of Study _________________________________________________________

Letter Grade ___________ -OR- Satisfactory/Unsatisfactory ________________
(Please check one)

Student: Do not write below this line

________________________________________________________________________

Teaching Faculty Signature ___________________________ Date ______________

Asst. Dean for BSN or MSN Education ___________________________ Date ______________

DNP Program Director ___________________________ Date ______________

PhD Director (NRSG 797 or 799R only) ___________________________ 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.