

**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](mailto: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**

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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.**