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 _______________

Asst. Dean for BSN or MSN Education ________________________________  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.