



# Elective Course Form

Upon completion of this form, submit to the Office of Enrollment Services at [vusn-studentrecords@vanderbilt.edu](mailto:vusn-studentrecords@vanderbilt.edu) and they will determine further signatures needed.

First Name:

Last Name:

ID:

Academic level:

Pre-specialty

Specialty

Select Specialty:



**Note to AGACNP students:** you do not need to complete this form for MSN-level Acute Care electives; form only required for DNP courses or MSN-level electives outside the AGACNP specialty

Semester/Term:

Spring

Summer

Fall

Course #:

To satisfy an elective requirement?

Yes

No\*

\*If you answered No above, why do you want to enroll in this course?



**Note:** You cannot receive federal financial aid or VA funding for classes that are not required for your degree

Student signature:

FOR INTERNAL USE ONLY

Instructor and/or Academic Director approval

Yes

No

Instructor/Academic Director  
Signature

Instructor/Academic Director  
Signature