



Elective Course Form

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

First Name: _____ Last Name: _____

Student ID #: _____

Degree: MSN PMC MN DNP

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



Note to DNP students: you do not need to complete this form unless your elective requirement has already been met

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