VANDERBILT UNIVERSITY
School *of* Nursing

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: Select a 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**

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