

NEXus Course Enrollment Request

OHSU School of Nursing – Internal Tracking Form

Student Information

Full Name: _____
OHSU Student ID: _____
Email: _____
Faculty Advisor: _____
Program: PhD ___ DNP ___ Other (explain) _____

Course Information

Teaching Institution: _____
Course Number: _____
Course Title: _____
Course Description/Objectives Attached: _____
Credit Hours: _____ Semester: _____ Quarter: _____

Financial Aid

Consortium Agreement Form Submitted: Yes Date: _____
 No (explain): _____

Signatures

I request approval for enrollment in the above listed course for the term indicated.

Student Signature: _____

I have reviewed the student's program of study and approve of the student's request to enroll in this course.

Faculty Advisor Signature: _____ Date: _____

OHSU Faculty Coordinator: _____ Date: _____

OHSU Staff Coordinator: _____ Date: _____