

**THE OREGON HEALTH SCIENCES UNIVERSITY  
SCHOOL OF NURSING**

**PETITION FOR SIMULTANEOUS COURSE ENROLLMENT**

Student Name \_\_\_\_\_ SSN \_\_\_\_\_

Name of Advisor \_\_\_\_\_  
Initials \_\_\_\_\_

Courses in which you are requesting simultaneous enrollment:

\_\_\_\_\_  
\_\_\_\_\_

Please explain the reasons which have led you to request simultaneous enrollment in courses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course Instructors' Approval/Disapproval

1. \_\_\_\_\_ Approval/Disapproval  
Signature Date

Rationale: \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ Approval/Disapproval  
Signature Date

Rationale: \_\_\_\_\_  
\_\_\_\_\_

Advisor \_\_\_\_\_ Approval/Disapproval  
Signature Date

Academic Director \_\_\_\_\_ Approval/Disapproval  
Signature Date

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