

**GEORGIA STATE UNIVERSITY  
COLLEGE OF HEALTH AND HUMAN SCIENCES  
BYRDINE F. LEWIS SCHOOL OF NURSING**

Research Practicum, Nursing 8990  
Student Course Request Form

This form must be completed by the student at the time a request for a research practicum course is made. Upon completion of this form, the student proceeds with the registration process through the School of Nursing Records & Information Office. A copy of this request is to be placed in the students' file.

NAME OF STUDENT:

COURSE:

NUMBER OF HOURS OF CREDIT:

TITLE OR PROPOSED AREA OF STUDY:

(Include a brief description of what you would like to study)

OBJECTIVES:

LEARNING ACTIVITIES: (e.g., review literature, plan design, develop methodology)

METHODS OF EVALUATION:

Signature of Faculty:

Date:

Signature of Student:

Date: