

Course Authorization Form
Graduate Programs in Nursing

Semester/Year _____

Student Name _____

Panther ID# _____

Faculty Advisor _____

Course Prefix & Number	Computer Number	Semester	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are taking a Research Course, 7920 or 7930, the following information is required:

Name of Faculty Research Advisor _____

Title of Research Project or Thesis _____

If you are taking a Directed Reading, 7060, the following information is required

Name of Faculty who will be Directing _____

Student Signature _____

Faculty Signature _____

PLEASE RETURN TO ADMINISTRATIVE COORDINATOR – GRADUATE PROGRAMS

Date Entered _____