



Approval of Restricted Nursing Elective Form

This form is intended for Students who would like a course they have previously taken, or wish to take, approved for eligibility as a Restricted Nursing Elective. Approved elective courses will be expected to support student learning in areas related to a future career in registered nursing. **1. Student**

Information (to be completed by student)

Last Name	First Name	NSID	Program <input type="checkbox"/> BSN <input type="checkbox"/> PDBSN
Student Number	Campus	Date: (dd/mm/yyyy)	

2. Request (to be completed by student)

Post-Secondary Institution Attended		
Subject	Class Number (must be 200 level or above)	Credit Units (must be minimum 3 CU)
Course Name:		
Class Completed (Must be less than 6 years old from start of program, minimum grade required 60%)		
<input type="checkbox"/> YES Date:(dd/mm/yyyy) _____ Grade _____		
<input type="checkbox"/> NO Planned starting date: (dd/mm/yyyy) _____		

3. To Be Completed By Faculty

Course Approved Yes No

If no, please provide additional information below.

	Signature:
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	Date:
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Instructions for Students:

1. Submit this form along with a detailed course outline to your academic advisor.