



**Faculty of Health Studies
Application to take
Graduate Health Studies Courses**

Student Name: _____

Student Number: _____

Contact Information:

Mailing address: _____

Phone: _____

Email: _____

Course(s) Sought:

- | | |
|---|--|
| <input type="checkbox"/> 75:651 Foundations for Advanced Psychiatric Nursing Practice | <input type="checkbox"/> 75:657 Advanced Clinical Practice I |
| <input type="checkbox"/> 75:652 Philosophical Basis for Advanced Practice | <input type="checkbox"/> 75:658 Advanced Clinical Practice II |
| <input type="checkbox"/> 75:653 Qualitative Health Research Methods | <input type="checkbox"/> 75:659 Health Services Leadership and Administration I |
| <input type="checkbox"/> 75:654 Quantitative Health Research Methods | <input type="checkbox"/> 75:660 Health Services Leadership and Administration II |
| <input type="checkbox"/> 75:655 Seminar Topics in Psychiatric Nursing | <input type="checkbox"/> 75:661 Advanced Nursing Education I |
| | <input type="checkbox"/> 75:662 Advanced Nursing Education II |

Documents Attached:

- Curriculum Vitae, including educational preparation, current licensure, employment experience, and continuing professional development relevant to the requested course(s)
- Letter of request indicating rationale for taking the course and expertise related to the proposed course(s)

Applicant Signature:

Date: _____

Signature: _____

OFFICE USE ONLY

Instructor Approval		
	Date	Signature
Coordinator Approval		
	Date	Signature