



Request to Enter a Nursing (NU) Department Course

Please indicate your first, second, and third (if any) choice(s) for: **NU** classes.

All fields are required.

Send your saved and completed document to: son@msoe.edu

Date

Your Name

Academic Advisor

Student ID#

Freshman

Sophomore

Junior

Senior

Please enter the **Complete Course Number**. Type the *full digit course number* and the *section number*. (NU 2011 001)

First Choice

Second Choice (if any)

Third Choice (if any)

Complete Course Number

2nd

3rd

Additional courses you are planning to take this term:

Reason for Request:

We will respond to your request via email.

Filling out this form does not guarantee entry into a closed course.

Thank you!