



CHANGE OF NURSING COURSE REQUEST FORM

Bachelor of Nursing Regular Track Students

Bachelor of Nursing Students who would like to request a change to any Nursing courses must submit this form to Student Services by _____. You will be advised of the decision through your University of Calgary email account. Please note that we may not be able to accommodate all requests.

UCID: _____ Name: _____

Date: _____ Signature: _____

Term: Fall 20__ Winter 20__ Spring 20__

Course you are in: _____ Instructor: _____ Day/Time: _____

Course you want: _____ Instructor: _____ Day/Time: _____

(Example: Course you are in: NURS 302, Adult Health Clinical Instructor: Rianne Day/Time: Wed/Thurs)

What is the reason for your request?

Decision: Yes No

Comments:

Approvers Signature: _____ Date: _____