



PhD Department Consent Form

Please enroll me in the following course(s):

___ GNUR 8420, Proposal Writing Seminar, with _____

___ GNUR 8710, Independent Study in Teaching, with _____, for ___ credits

___ GNUR 9998, Doctoral Research, with _____, for ___ credits

___ GNUR 9999, Dissertation Research, with _____, for ___ credits

Semester: ___ Year ___ Spring ___ Summer ___ Fall

Student Name: _____

University ID Number (9-digit): _____

Student Signature: _____

Date: _____

Please complete this form and email to the SON Registrar (SON-Registrar@virginia.edu) or fax to 434-924-0528.

Please use the Independent Study Request form for GNUR 8993, Independent Study; GNUR 9010, Mentored Study; GNUR 9020, Selected Topics; and GNUR 9110, Research Practicum.