

**HARRIS COLLEGE OF NURSING AND HEALTH SCIENCES
ACADEMIC ACTION/SPECIAL PERMISSION FORM**

Name

TCU ID #

Date

Email Address

Phone

As a student, you are responsible for obtaining your advisors signature. Once you have obtained the signature, send to your Associate Dean. **Nursing-** s.lockwood@tcu.edu, **Health Sciences** a.king@tcu.edu

Degree sought:	Major:
Expected graduation date:	Approximate TCU GPA:
Semester hours in progress:	

PERMISSION REQUESTED TO (check only one per form):

For Dual or Concurrent enrollment at a college or university after having been at TCU	Date(s):
	College/University:
	Course(s):
Take more than 18 hours	Total number credit hours

REASON FOR REQUEST:	
Academic Advisor's action:	
Approved	Denied for reason(s)
NOTE:	
Academic Advisor/Date	Signature

Associate Dean action:	
Approved	Denied for reason(s)
NOTE:	
Associate Dean, Nursing or Health Sciences /Date	Signature