Progression Review for Enrollment in Nursing Management Practicum

- Fax completed form to: (631) 444-3136 attention of Irene Stern.
- Or Mail to: SBU, School of Nursing, HSC Level 2, Stony Brook, NY 11794-8240 to the attention of Irene Stern.
- You can also scan the form and email to: Irene.Stern@stonybrook.edu

This process involves a review of your degree progression. Upon approval, the student will be notified via e-mail with the permission code needed to enroll. You must then enroll within the time-frame specified.

FOR THE FOLLOWING COURSES:

**RNBP or RNBP BS/MS Program:** - Please indicate correct Course # in form below.

_HNC 471 – 3 credits – Nursing Management Practicum (TBA)_
_HNC 470 – 6 credits – Nursing Management Practicum_ (Prof. Debra Grimm, Gene Mundie, Dr. Nancy Balkon, Dr. Kelly Walker, Dr. Rosemary Sullivan)

StudentName________________________________________________________________________________
SBID___________________________PHONE#________________________________
Course No. __________________Course Name______________________________________Credits_________

For those students enrolling in **HNC 470**, please provide your preference and if possible we will accommodate you:

I would prefer enrollment with (please place X on the line of your selection):
- Nancy Balkon: _______________
- Debra Grimm: _______________
- Gene Mundie: _______________
- Rosemary Sullivan: _______________
- Kelly Walker: _______________

Semester/Module: Fall_____ Winter_____ Spring_____ Summer _______ Year: __________________

Reasonable efforts will be made to provide permission to enroll in the section assigned to the faculty of choice for HNC 470. However, once the preferred section has been filled, we will assign a section for you.

Student Signature__________________________________ __________________Date__________________________

Preliminary Clearance Conditions:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Preliminary Clearance: __________________________________________Date __________________________

Office of Student Affairs:  Peoplesoft Number