

**Credit Worksheet for NURS 556, 583, 597, 598, 599, 700/702, 800**

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| --- | --- | --- | --- | --- |
| Student Name | Faculty Name | Course Number | Number of Credits  (hours of effort) | Semester/Year |
|  |  | NURS \_\_\_\_\_\_ |  |  |

**Objectives:**

**Plan for Accomplishment**:

**Deliverables and Timeline:**

**Students:** Please submit to Tami Kelley [kelleyt@wsu.edu](mailto:kelleyt@wsu.edu)

**Faculty:** Please keep a copy for your records.

*Disclaimer: Due to the financial impact, we can’t register students without written/verbal permission from the student requesting assistance with registration. Please note, that just by turning in this Credit Worksheet does not mean you are registered for the course. Please reach out to Tami or Rychelle if you have any registration questions/problems.*

**Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) (signature) (date)

**Faculty** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) (signature) (date)