

(Nur 372)

MEDICAL SCHOOL COURSE FORM

CODE NUMBER 400-3720-01

JOINT STUDIES MEDICAL SCHOOL

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ HOURS CREDIT 1 2 3  
(Circle one)

INSTRUCTOR'S NAME: \_\_\_\_\_  
Please print (Instructor's Signature)

\_\_\_\_\_  
(Instructor's Campus Address)

Return this copy to the Nursing Registrar's Office

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MEDICAL SCHOOL INSTRUCTOR'S COPY

JOINT STUDIES MEDICAL SCHOOL

CODE # 400-372-01 (Nur 372)

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

HOURS CREDIT: 1 2 3  
(Circle one)

INSTRUCTOR'S SIGNATURE \_\_\_\_\_

Leave this copy with the department in the Medical School