

**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](mailto:s.lockwood@tcu.edu), **Health Sciences** [a.king@tcu.edu](mailto:a.king@tcu.edu)

<b>Degree sought:</b>	<b>Major:</b>
<b>Expected graduation date:</b>	<b>Approximate TCU GPA:</b>
<b>Semester hours in progress:</b>	

**PERMISSION REQUESTED TO** (check only one per form):

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

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

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