



**Saint Francis Medical Center College of Nursing
Peoria IL 61603**

Course Consent Form

Course	Title	Hours	Semester	Year

I would like to take this nursing course out of sequence because:

Approval: Yes _____ **No** _____

Advisor: _____ **Date:** _____

Instructor: _____ **Date:** _____

Dean: _____ **Date:** _____

Student: _____ **Date:** _____

August 2015