Medical University of South Carolina
College of Nursing
Contract for Guided Nursing Elective (NURSU 445)
for Undergraduate Students

Name________________________________________________________

Course Number _________________ Course Title _________________

Semester/Year _________________ Credit Hours _________________

This is a Pass/Fail course

List title or describe topic of study:

List your learning objectives:

Describe how these objectives will be accomplished:

Describe how activities will be evaluated:

Student Signature __________________________ Date ______________

Faculty Signature __________________________ Date ______________
Medical University of South Carolina  
College of Nursing

Prior to registering for Guided Nursing Elective (NURSU 445)

1. Discuss the proposed course with a faculty member
2. Obtain consent of a faculty member (to precept the student) for the proposed course
3. Complete contract form with a faculty member specifying:
   a) purpose of the proposed plan
   b) learning objectives of the course
   c) evaluation criteria and method
4. Contract form must be signed and dated by the faculty and student

Once the form has been completed, the student must submit the contract to the Office of Student Services, College of Nursing. The student and faculty should keep a copy of the contract.

You cannot preregister for 445 until your preceptor has completed and signed this contract.

NOTE: Students must have successfully completed all prerequisites for NURSU 445, before they will be allowed to register for this course.

I certify that I have completed all prerequisites for enrolling in NURSU 445

Student Signature __________________________________________________________

Date: __________________________________________________________