

Form Directions

This form is only necessary for those applying or admitted to the College of Nursing's BSN Program, who have opted for an S/U grade in one or more BSN Program prerequisites.

Course Instructor: The purpose of this form is for the College of Nursing to see what LETTER grade the student would have received at the end of the semester. Faculty member, please indicate what letter grade the student would have received if they had not opted for S/U grading.

Student: Submit one form per prerequisite course taken that you opted for S/U grading. This form is not required to document grades for any non-prerequisite courses.

- The student should fill in all information except for the current letter grade and signature of instructor, that information should be filled in by the course instructor.
 - If already an FSU student when applying to the BSN Program: please fill the "EMPLID" field and leave the "Ref ID" field blank. All FSU Students have an EMPLID number. This can be viewed on your my.fsu.edu portal.
 - If not an FSU student when applying to the BSN Program: you must apply to the University first. Please fill in the "Ref ID" field with the application reference number. You may leave the EMPLID field blank if not issued one yet.
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- ❖ Forms should be submitted to College of Nursing Student Services via email as PDF attachment only. Do not sent as picture files; do not translate pictures into PDF format. Do not mail this form to the School of Nursing or any other office on campus; do not bring the form in person. The appropriate email to which to send a **.pdf** copy of this completed form is info@nursing.fsu.edu
 - ❖ Please note that you can fill out the form in Adobe Acrobat to save and email as a PDF, fill out form in a new tab in your web browser to save and email as a PDF, or print to fill out by hand and then scan and email as a PDF. Please make sure all required fields are filled out and that both student and instructor signatures are present before submitting to the College of Nursing. Any incomplete or non-PDF forms submitted will not be considered.
 - ❖ If you have taken more than one S/U prerequisite for the BSN program, each course/form should be its own .pdf file when possible. The file name should be your first initial, last name, course number, and abbreviation for the form as "SUF" (ex: JBower PSY2012 SUF).

Do not return this direction sheet with the form(s).



FLORIDA STATE UNIVERSITY

College of Nursing
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This form is for those who have opted for an S/U grade. The purpose of this form is for the College of Nursing to see what LETTER grade the student would have received at the end of the semester. Faculty member, please indicate what letter grade the student would have received if they had not opted for S/U grading. Please submit form via email to FSU College of Nursing (info@nursing.fsu.edu as a .pdf) no later than May 15th.

A. Basic Information

Date: _____

Last Name: _____ First Name: _____ MI: _____

DOB: ____ - ____ - ____ EMPLID: _____ Ref ID: _____

Daytime Phone: ____ - ____ - ____

B. Institution & Course Information

Institution Name: _____

Course # & Full Title: _____

Instructor Name: _____ Email: _____

Course Started: _____ Course Ends: _____

Current Letter Grade: _____

Signature of Instructor

Date Issued

I, _____, provide consent to this instructor for the release of my current course performance and letter grade to the College of Nursing at Florida State University. I understand that this is necessary in order to meet the College of Nursing application requirements since I opted for S/U grading for one or more prerequisites.

Signature of Student

Date of Signature