

School of Nursing
MTSU Box 81
1301 East Main Street
Murfreesboro, TN 37132
(615) 898-2437



MSN Semester Opt Out Form

We expect you to register for courses each semester including summer unless you complete this form.

Please complete the following information:

Name: _____

Date: _____

M-Number: _____

Semester for which you wish to opt out (not register for any classes) (please check one):

____ Fall ____ Spring ____ Summer

Year in which you wish to opt out: _____

Semester you began the MSN program: _____

Reason for Semester Opt Out:

____ Lack of Clinical Placement ____ Financial ____ Family ____ Summer ____ Other

Please read and initial the following statements:

_____ I may only opt out of a Fall or Spring semester twice while in the MSN program

_____ I understand that I must reapply to the program if I opt out of any Fall/Spring semester with no guarantee of readmission, unless I am opting out due to lack of clinical placement

_____ I must complete the MSN Program within six (6) years of initial admission

_____ I must contact the MSN Advisor to confirm my intention of Opting Out to remain in good standing

_____ I am withdrawing completely from the MSN program due to the reason selected above

Student Signature (Electronic): _____

****Note:** Please complete this form electronically and email to the MSN Advisor: MSNadviser@mtsu.edu

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