



**Senior Privilege Authorization Form  
RN-MSN Pathway**

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

USCID:

EMAIL:

Street Address:

City:

State:

Zip Code:

Cumulative GPA at USC (3.0 is the minimum):

Anticipated Date of BSN Graduation: Term:      Year:

Requested Term for Enrollment in the courses below: Term:      Year:

Course(s) Requested for Senior Privilege:

Department:

CRN:

Instructor Consent:

Department:

CRN:

Instructor Consent:

**Endorsements:**

Student's Signature:

Date:

Signature of Student's Undergraduate Advisor:

Date:

Signature of Graduate Director:

Date: