
Policy Number: 407b
Policy Name: Transfer of Nursing Course Request
Reviewed by: Nursing Faculty
Last Review Date: 01/19/2024

See DocuSign Form below.

Approved by Nursing Faculty 10/24/14; R 03/22/19; R 01/19/2024



Transfer of Graduate Nursing Credit Request

Student completes and submits a form for each Graduate Nursing course requesting to be transferred.

Student First Name: _____ Student Last Name: _____

Student EMPLID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Name of previous Nursing program: _____

Location of previous Nursing program: _____

I request to receive transfer credit for the following course:

Course #: _____ Course Name: _____ Credits: _____

Grade Earned: _____ Date Completed: _____

Equivalent UND Course #: _____ Course Name: _____

Attach the syllabus, course description, overview, objectives & topical outline:

Student Signature: _____ Date: _____

DEPARTMENT/FACULTY DECISION ON TRANSFER

The above course was considered for transfer as equivalent for UND Nursing Course #: _____

Approve

Disapprove

Conditional Approval

Rationale/Conditions:

Instructor Signature: _____ Date: _____

Graduate Chair Signature: _____ Date: _____