



SCHOOL OF NURSING

MSN — PETITION FOR TRANSFER CREDIT

MSN Applicant: _____ ID#: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Please review my transcripts for the following transfer credit.

Course Number	Course Title	Credit Hours	Term Completed	Institution	For GU Course

Signature

Date

Transfer Credit Review Guidelines:

1. Graduate level nursing courses completed at another regionally accredited Master of Science in Nursing program will be considered for transfer credit on a course-by-course basis. All transfer credit must have a grade of "B" or above to be considered. Pharmacotherapeutics courses will be considered for transfer only if completed within one year of admission. Advanced Pathophysiology and Advanced Health Assessment courses must have been completed within three years of admission to be considered for transfer. A total of 10 credit hours at the graduate level may be transferred from a college or university.
2. Student must submit Course Description / Course Syllabus for each course transfer request.

Office Use Only

GAPC Date: _____

Comments:

Request: _____ Approved _____ Denied