

**Research College of Nursing
Masters Program
Transfer of Credit Request**

Name _____

Address _____

City _____

Phone _____ **Email** _____

Transfer Course(s) Dept & number	Title	Credit	Research Masters equivalent Dept number & Title

Documents to support Request: (For example, Syllabi, Research Projects, Course Description). Please attach with request.

Office Use Only

Transfer: Yes _____ No _____

Additional provisions:

Independent Study: Yes _____ No _____

Attach Independent Study Contract, if required.

Student Signature

Date

Program Director Signature

Date

Dean Signature

Date

Copy: Student
Advisor
Student file