

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

Name _____

Address _____

City _____

Phone _____ **Email** _____

Transfer Course(s) Dept & number	Title	Credit	RCN 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

Advisor Signature Date

Copy: Student
Advisor
Student file