

**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

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date

Copy: Student  
Advisor  
Student file