Nell Hodgson Woodruff School of Nursing
Emory University
Request for Course Credit

Name _____ **Degree:** _____

ID#: _____ **Major:** _____

Bachelor's candidates: A maximum of 12 hours of baccalaureate credit from an accredited institution of higher education may with faculty approval be applied toward your degree program

Master's candidates: A maximum of 9 semester hours of post-baccalaureate credit from an accredited institution of higher education may with faculty approval be applied toward your degree program.

DNP candidates: A maximum of 9 semester hours of post-baccalaureate credit from an accredited institution of higher education may with faculty approval be applied toward your degree program.

Course work transferred from other institutions is subject to the five-year time limit for MSN students and to the seven-year time limit for RN/MSN students. In addition, transfer credit will not be awarded if the course was used to satisfy requirements for a previous degree. Please contact the Office of Enrollment and Student Affairs at 404-727-3500 for further information.

I request that the following course(s) be applied to my degree program in the School of Nursing at Emory University. **Be sure to attach a copy of the syllabus and transcript(s) with your request.**

PLEASE NOTE: You must submit a separate form for each class in which you wish to receive credit for.

TRANSFER A COURSE:

Institution: _____

	Term	Year	Hrs credit		Grade	Course Prefix & Number	Course Title	SON Faculty: Please indicate equivalent SON course prefix & number.
			Sem	Qtr				
1								
2								
		Total						

COURSE SUBSTITUTION:

I would like to take _____ _____
Course Name and Number Credit Hours

in place of _____ _____
Course Name and Number Credit Hours

Attach a justification statement.

COURSE WAIVER:

I would like to waive _____ _____
Course Name and Number Credit Hours

and satisfy those credits with an elective.
Course waivers are given only when students have sufficient experience in the subject and are able to prove that the course would not enhance their knowledge. In an attached statement, state your experience in the subject area to justify that a waiver is warranted.

Student Date

MSN or DNP Specialty Coordinator Date

I **approve** the use of this course.

Faculty Member (course content approval) Date

I **approve** the use of this course.

Associate Dean for BSN or MSN or DNP Program Director Date

MSN or DNP Specialty Coordinator Date

I **disapprove** the use of this course.

Faculty Member (course content approval) Date

I **disapprove** the use of this course.

Updated 9.6.17