



REQUEST FOR TRANSFER OF GRADUATE CREDITS

This form is for students who wish to transfer in course credit from a different institution to count for part of their program requirement(s) here at the School of Nursing. A maximum of six (6) units of graduate credit may be transferred for graduate courses completed at other accredited institutions (or in other graduate programs at Duke). Transfer credit will be granted only for academic work completed within five years prior to matriculation at the School of Nursing. Such units are transferable only if the student has received a grade of B (3.0 on a 4.0 scale or its equivalent), or higher and after the student has earned a minimum of six (6) units of graduate credit at the School of Nursing.

In order to initiate a request to transfer course work, the student must notify his/her academic advisor in writing. The student should also provide both a transcript and a syllabus (or other description) of the course(s), he/she wishes to have considered for transfer credit. In the case of a core or specialty course, the course instructor should review the course information. In the case of electives, the Academic Advisor should review the course information. Following a review of the course(s), the appropriate course instructor(s) makes a recommendation regarding transfer of credit(s) to the Program Director.

Completed form should be submitted to:

School of Nursing Registrar

DUMC 3322

Durham, NC 27710

Fax: (919) 668-4693

Email: dusonregistrar@dm.duke.edu



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Section 1: Student Information

Student Name: _____ Duke Unique ID: _____

Program: MSN Certificate DNP

Section 2: Course Information

Student has completed at least six (6) DUSON graduate credits: Yes No

Student wishes to substitute this course for a requirement of their degree.

DUSON course: _____

Student wishes to add this course as an elective.

Course to transfer:

Course Number: _____ Title: _____ Credits: _____

Institution: _____ Date Complete: _____ Grade: _____

Student Signature: _____ Date: _____

Section 3: Faculty Endorsements

Approved Not Approved

Comments:

Academic Advisor: _____ Signature: _____ Date: _____

Course Instructor: _____ Signature: _____ Date: _____

Program Director: _____ Signature: _____ Date: _____

Processed by School of Nursing Registrar

(for office use only)