

Nursing Graduate Credit Transfer Request Form

Instructions: Student will complete section 1 and return form to nursing@loyno.edu with copies of syllabi for requested transfer courses. School of Nursing will complete section 2, and provide a copy of the decision to the student.

Section 1: student must complete this section

Name: _____ CWID _____ Date _____

Select Program

- | | | |
|--|--|--|
| ☐ BSN-MSN Nurse Midwifery | ☐ BSN-DNP Nurse Anesthesia | ☐ Post Graduate Certificate - FNP |
| ☐ BSN-MSN Family NP | ☐ BSN-DNP Acute Care NP | ☐ Post Graduate Certificate - CNM |
| ☐ BSN-MSN Psychiatric Mental Health NP | ☐ BSN-DNP Dual NA/AC | ☐ Post Master's Certificate - PMH |
| ☐ MSN-DNP Executive Leader | ☐ BSN-DNP Family NP | ☐ Post Master's Certificate - AGAC |

The graduate courses listed below are submitted for transfer approval to apply to the above student's graduate degree program requirements. Request will not be reviewed unless course descriptions and syllabi are attached.

Course #	Course Title	College/University Course taken	Credit	Grade	Year

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Section 2: This section to be completed by school of nursing

Courses approved for transfer:

Approved for Transfer	Loyola Equivalent

Program Director Name: _____

Program Director Signature: _____

Date: _____