

## Nursing Graduate Credit Transfer Request Form

Instructions: Student will complete section 1 and return form to [nursing@loyno.edu](mailto: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

- |                                                            |                                                |                                                        |
|------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|
| <input type="radio"/> BSN-MSN Nurse Midwifery              | <input type="radio"/> BSN-DNP Nurse Anesthesia | <input type="radio"/> Post Graduate Certificate - FNP  |
| <input type="radio"/> BSN-MSN Family NP                    | <input type="radio"/> BSN-DNP Acute Care NP    | <input type="radio"/> Post Graduate Certificate - CNM  |
| <input type="radio"/> BSN-MSN Psychiatric Mental Health NP | <input type="radio"/> BSN-DNP Dual NA/AC       | <input type="radio"/> Post Graduate Certificate - PMH  |
| <input type="radio"/> MSN-DNP Executive Leader             | <input type="radio"/> BSN-DNP Family NP        | <input type="radio"/> Post Graduate 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 |
|----------|--------------|---------------------------------|--------|-------|------|
|          |              |                                 |        |       |      |
|          |              |                                 |        |       |      |
|          |              |                                 |        |       |      |
|          |              |                                 |        |       |      |
|          |              |                                 |        |       |      |

### 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: \_\_\_\_\_