

## Nursing Graduate Credit Transfer Request Form

Instructions: Student completes 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 completes):

Name: \_\_\_\_\_ CWID \_\_\_\_\_ Date \_\_\_\_\_

**Select Program:**

BSN-DNP DUAL                      BSN-DNP AGAC                      BSN-MSN CNM                      MSN-DNP EL  
 BSN-DNP NA                      BSN-DNP FNP                      BSN-MSN FNP

The graduate courses listed below are submitted for transfer approval to apply to the above student’s graduate degree program requirements. (COURSE DESCRIPTIONS/SYLLABI MUST BE ATTACHED)

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

**SCHOOL OF NURSING ONLY**

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Courses approved for transfer:

Approved for Transfer	Loyola Equivalent

Program Director Name: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_