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: ____________________________________________

<table>
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<tr>
<th>Term</th>
<th>Year</th>
<th>Hrs credit</th>
<th>Grade</th>
<th>Course Prefix &amp; Number</th>
<th>Course Title</th>
<th>SON Faculty: Please indicate equivalent SON course prefix &amp; number.</th>
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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.

I disapprove the use of this course.

Faculty Member (course content approval) ___________________________ Date ___________________________

I approve the use of this course.

I disapprove the use of this course.

Updated 6/1/2017