



## Petition for Transfer Credit

*Form must be completed in its entirety. Use one form per credit request.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Degree Program:	Master of Nursing	Doctor of Nursing Practice	MSN
	Post-Master's Certificate	Doctor of Nursing Practice Plus Post Master's Certificate	

### Transfer Course

College/University: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Course Number and Name: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

### VUSN Equivalent Course

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Course Number and Name: \_\_\_\_\_ Credit Hours: \_\_\_\_\_



**Note:** This Transfer of credit is granted on an individual basis. A maximum of six credits of graduate coursework taken at Vanderbilt University or elsewhere within the last five years may be accepted for transfer. The decision is based on equivalent content (for required courses), credit allotment, and satisfactory completion of courses. Final course grade must be at least a B-, as confirmed upon review of an official transcript.

### Student Checklist:

- I petitioned for transfer credit at least six weeks before the course begins.
- I signed this form and attached the course syllabus from the semester and year enrolled.
- I emailed this form and syllabus to the Assistant University Registrar, Director of Nursing Student Records (sara.a.donahoe@vanderbilt.edu).

### Student Statement of Understanding:

I have completed this petition and the information contained herein is accurate. My work presented for transfer credit is from an accredited college and is subject to evaluation in light of the degree requirements of the University. I understand that the faculty who teaches the equivalent course that I am requesting transfer credit will either approve or deny this petition. I also understand that the Assistant University Registrar and Director of Nursing Student Records will award the transfer credit on my VUSN transcript if this petition is accepted.

Student Signature: \_\_\_\_\_



**Faculty Review:**

The faculty reviewer approves or denies this petition for transfer credit based on the appraisal of the course syllabus and the official transcript.

APPROVED

DENIED

**Rationale:**

Faculty Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_