Students may request review of prior completed nursing courses to be considered for transfer into the appropriate nursing program. The Department Chair has the ability to approve or deny the request.

Approved by Nursing Faculty 10/24/14; 03/22/19
1. The student submits the completed “Transfer of Nursing Courses Request” form (available on the Department of Nursing S:drive or from the Office of Student Services) to the appropriate Department Chair with any evidence, such as course syllabus, objectives, outlines, notes, tests, etc. that will assist the department in making a decision regarding the request. University policy will dictate how many transfer credits will be accepted.

2. The department chairs and/or faculty discuss as necessary, review, and make a decision regarding the request.

3. The decision is communicated to the student by the Office of Student Services. The original document is placed in the student’s file.

Approved by Nursing Faculty 10/24/14; 03/22/19
Policy Number: 407b  
Policy Name: Transfer of Nursing Course Request  
Reviewed by: Nursing Faculty  
Last Review Date: 03/22/19

Part A: Student completes and submits a separate form for each Nursing course:

TO: Department of Nursing Chair

FROM: (Student Name) __________________________ (ID #) ______________

(Address) __________________________________________________________________

(Telephone #) _______________________________________________________________

(Email Address) _____________________________________________________________

Name/location of previous nursing program: _____________________________________

REQUIRED: *Attach transcript, syllabus, course description, overview, objectives, & topical outline.*

Course #: ______________ Course Name: ________________________________________________

Credits: ________ Grade Received: __________ Date Completed: _______________________

Do you want to meet with or be present when the Department Chair/representative reviews your request?

Yes ___ No ___ If yes, please make an appointment with the chair/representative.

Part B: (For Office Use Only)

DEPARTMENT/FACULTY DECISION ON TRANSFER

The above course was considered for transfer as equivalent for UND Nursing Course # ________________

Decision: □ Approve □ Disapprove □ Conditional Approval

Rationale/Conditions:

Signature of Department Chair: __________________________ Date: __________________

Signature of Instructor (if appropriate): __________________________ Date: _____________