Masters Courses Accepted for Transfer into Saint Anthony College of Nursing Masters of Science in Nursing Program

I, ______________________ am requesting that the previous master’s course(s) I have listed below be reviewed for course transfer into the Saint Anthony College of Nursing Masters of Science in Nursing Program, ________________________________.

Track

Full Name: _____________________________  Address: ____________________________________________

Phone: ______________________  ☐ Home ☐ Cell ☐ Work  ______________________  ☐ Home ☐ Cell ☐ Work

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<th>Institution</th>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
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Course(s) for Transfer Request

Reason for Transfer Request: Provide a rationale for approval of the transfer courses listed above

I understand that to permit transfer, the course must be similar in subject matter and comparable in the number of contact hours of a required course to ensure program academic rigor is maintained. I also understand that I may be required to provide associated syllabi.

Student Signature: _____________________________  Date: _____________________________

For Office Use:

Date Received
Dean, Graduate Affairs & Research
Signature

Dean, Graduate Affairs & Research
Print Name
Advisor Signature
Advisor – Print Name

Date Approved/Denied
If Denied, Reason: