

UNIVERSITY OF ALABAMA SCHOOL OF NURSING
UNIVERSITY OF ALABAMA AT BIRMINGHAM
GRADUATE STUDIES

Request For Non-Degree Credit To Be Accepted As Graduate Credit

NAME _____ Last 4 digits Student Number _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ WORK TELEPHONE _____

I am requesting the following non-degree courses taken at UAB be accepted toward my MSN degree:

| COURSE PREFIX & NUMBER | GRADE | TERM/YEAR TAKEN |
|------------------------|-------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RETURN THIS FORM TO THE SCHOOL OF NURSING, ROOM 105 OR FAX TO (205) 934-5490

FOR OFFICE USE ONLY

Approval of the request as stated above is:

_____ denied for the following reasons:

_____ granted with the following condition(s):

_____ satisfactory completion of 12 semester hours at the School of Nursing, UAB and/or achievement of good academic standing (**The Office of Student Affairs, Room 105, School of Nursing should be notified when 12 hours have been completed and/or good academic standing has been achieved**)

_____/_____
Signature, Masters Program Director / Date