

SCHOOL OF NURSING
UNIVERSITY OF ALABAMA AT BIRMINGHAM
GRADUATE STUDIES

Request for Approval and Transfer of Graduate Level Coursework

NAME _____ BlazerID _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ WORK TELEPHONE _____

I am requesting transfer of credit for _____
Course Number and Name

taken at _____ in _____
College or University Term and Year

I am requesting the course be considered as:

_____ an elective

_____ a substitute for _____
Course Number and Name

Attach a course syllabus and return this form to the Student Affairs Office; UAB School of Nursing, NB 105, 1530 3rd Avenue South, Birmingham, AL 35294-1210 or fax to (205) 934-5490.

FOR OFFICE USE ONLY

Approval of the request as stated above is:

_____ denied _____ The course is not equivalent to the course at the School of Nursing, UAB

_____ The course is too old to transfer

_____ Other _____

_____ deferred (Provide the Masters/Doctoral Program Director with a more in depth description of the course[s])

_____ granted with conditions below.

_____ / _____
Faculty Signature Date

FOR OFFICE USE ONLY

In order to be granted, the following conditions must be met:

_____ 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)

_____ receipt of a transcript reflecting the courses approved for transfer (Transcripts should be sent to the School of Nursing, NB 105, University of Alabama at Birmingham, 1530 3rd Avenue South, Birmingham, AL 35294-1210)

_____ / _____
Signature, Masters/Doctoral Program Director Date