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

## PhD Request for Approval and Transfer/Waiver of Graduate Level Coursework

**(Please submit one form per course request)**

**NAME** _____ **DATE** _____ **BlazerID/B#** _____

**ADDRESS** _____

**CITY** _____ **STATE** _____ **ZIP CODE** _____

**CELL PHONE** _____ **EMAIL** _____

**PROGRAM / SPECIALTY TRACK (CONCENTRATION)** _____

**I am requesting review of** _____
**Course Number and Name**

**taken at** _____ in _____ _____ / _____
**College or University** **Term and Year** **Credit Hours / Grade**

**I am requesting the course be considered as:**

_____
**UAB Course Number and Name**

*Please attach a copy of the course syllabi/topical outline from the institution your requested course is from (term specific) here:*

***UAB Students do not need to submit course syllabi***

*(Optional) If you have been working as a Nurse Practitioner, a current resume will also be required to process this request here:*

**DEFINITIONS OF TRANSFER:**

**TRANSFER FOR CREDIT: A course is being awarded for credit towards a required course on the student's program of study for their degree program and will be posted on UAB's transcript after successful completion of 12 semester credit hours with a "B" or better.**

**WAIVER: A course waiver does NOT result in the awarding of credit. However, a waiver means that the student does not have to take a required course in the program of study because the Program Director has determined that the student has demonstrated knowledge of required content.**

**FOR OFFICE USE ONLY**

Approval of the request as stated above is:

____ Denied Reason: _____

_____ Deferred _____ Program Director requires more in-depth description of the course

_____ Granted, the following conditions must be met:

- Satisfactory completion of 12 semester hours at the UAB School of Nursing with a grade of "B" or better.
- Receipt of an official transcript reflecting the approved course (Transcripts should be sent to the UAB School of Nursing by email at sonadmissions@uab.edu)

This course is being approved for **(___) WAIVER / (___) TRANSFER FOR CREDIT**

on the student's current program of study for_____.
UAB Course Number and Name

_____ / _____
Signature, Master/Doctoral Program Director Date