

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

Request for Approval and Transfer/Waiver of Graduate Level Coursework

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:

_____ an elective

_____ a substitute for _____
UAB Course Number and Name

Please attach a course syllabus and return this form to the Office of Student Success by email at sonstudaffrs@uab.edu.

Note: If you have been accepted into a Nurse Practitioner track, a current resume will also be required to process this request.

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 _____ Other _____

_____ 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