LOYOLA UNIVERSITY NEW ORLEANS | **COLLEGE OF NURSING & HEALTH** | School of Nursing

Nursing Graduate Credit Transfer Request Form

Instructions: Student fills in section 1. Return form to nursing@loyno.edu with copies of syllabi for requested transfer courses. School of Nursing will complete section 2, and provide a copy of the decision to the student.

Section 1: Student completes

Name _____   SID# _____   Date _____
     (last name)   (first name)

Select Program: ☐ BSN-DNP ☐ MSN-DNP ☐ MSN-FNP ☐ MSN-NE ☐ MSN-NL

The graduate course(s) listed below are submitted for acceptance in transfer to apply to the above student's graduate degree program requirements. (COURSE DESCRIPTION(S)/SYLLABI MUST BE ATTACHED)

Course No.	Course Title	College/University Course taken	Credit Hours Earned	Grade Earned	Year

Section 2: School of Nursing completes

COURSES APPROVED:

Transfer Applied to Loyola Course No. _____ Transfer Applied to Loyola Course Title _____

_____

APPROVED: DENIED:

_____   _____
    (date)   (date)