

**Simmons University
College of Natural, Behavioral and Health Sciences
School of Nursing**

Graduate Nursing Petition to Transfer Credit

Under special circumstances a student may receive credit from prior work completed at another accredited institution. The School of Nursing will allow students to transfer credit for a maximum of two courses, not exceeding a maximum of eight (8) credits. Students must complete the transfer of credit form and submit it to the Program Director/Chair of Graduate Nursing for approval and processing. The guidelines are as follows:

1. Credit is not granted for more than the face-value credit assigned by the host institution.
2. Students must have received a B (83%) or better in the course to receive transfer credit.
3. An official transcript must accompany the transfer credit form.
4. A copy of the syllabus must accompany the transfer credit form.
5. No credit is given for courses taken more than five years before the date of the application for transfer credit.
6. Students may not replace core curriculum with alternative electives taken at other institutions.
7. Transfer credit requests must be made prior to registration for the student's subsequent term.

Name: _____ **Student ID#:** _____

Current Program Modality (select one): Campus-Based _____ Nursing@Simmons (online) _____

Current Program (select one): MSN _____ RN-MSN _____ Direct Entry MSN _____ Post-MSN DNP _____
DNP Executive Cohort _____

Requesting Transfer Credit for the following Simmons Course #'s (up to 2): _____

Courses requesting to be transferred:

Course Number: _____ Course Title: _____

Institution: _____ Semester of completion: _____

Number of Credits: _____

Course Number: _____ Course Title: _____

Institution: _____ Semester of completion: _____

Number of Credits: _____

Student Signature: _____ **Today's Date:** _____

*Please submit the transfer credit form to your Academic Advisor
(Campus: nurotgadvising@simmons.edu / Nursing@Simmons nuroladvising@simmons.edu)*

SIGNATURE OF APPROVAL:

Program Director or Graduate Chair: _____ Date: _____

Associate Dean or Dean of Nursing: _____ Date: _____

Simmons Course Number(s) approved for transfer credit: _____