

**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](mailto:nurotgadvising@simmons.edu) / Nursing@Simmons [nuroladvising@simmons.edu](mailto: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: \_\_\_\_\_