

**UNIVERSITY OF MICHIGAN SCHOOL OF NURSING**  
**OFFICE OF STUDENT, ACADEMIC & MULTICULTURAL SERVICES**  
**400 NORTH INGALLS, ANN ARBOR, MI 48109**  
**PH (734) 763-5985 / FAX (734) 647-1419**

***TRANSFER CREDIT REQUEST FORM***

Student Name: \_\_\_\_\_

Email: \_\_\_\_\_

Student UM ID: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

1. Credit will be transferred only upon: (a) completion of this form; (b) receipt of a current official transcript from the institution out of which the credit will be transferred; and (c) approval of the DNP program graduate chair in conjunction with the faculty advisor.

2. Courses will *not* be transferred if: (a) the student's overall cumulative in-residence G.P.A. is less than a "B" (5.0); (b) the course was taken more than five years before beginning the current DNP program; (c) a grade below a "B" was earned; or (d) credit(s) were used, in whole or in part, to fulfill requirements for a bachelor's or other degree or certificate; or (e) they will be used, in whole or in part, to fulfill requirements for any degree in the future; or (f) they were extension or continuing education courses.

**Program Required Course(s) to Transfer to U-M Nursing Transcript**

Institution	Semester/ Year	Course Number	Course Title	Credit Hours	Grade

Student Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Faculty Advisor Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Program Director Signature:

\_\_\_\_\_

Date: \_\_\_\_\_