# UNC-Chapel Hill - School of Nursing

## Course Transfer/Exemption Request Form -- Graduate Program

### Section One:
(Student to complete; attach copy of syllabus for review; submit to OSA, Suite 1200)  
Date: ______________

**Student’s Name:** ___________________________  
**Degree Program:** ___________________________

**Email address:** _______________________________  
**PID:** ____________________________

**Seeking exemption review for:** (SON course name/#) ___________________________

**Course to be reviewed (name/#):** ___________________________

**Institution:** ___________________________  
**Credit Hours:** ______

**When Completed (Semester/Year):** ___________________________  
**Grade earned:** ___________________________  

**Was course counted as part of previous degree:**  
Yes ________  
No ______

**Note:** All advanced clinical coursework must be taken at UNC-CH. Credit received for graduate-level courses taken as an undergraduate may be transferred if they did not count toward the requirements of the undergraduate degree and meet current program requirements. Please read current transfer policies: https://sonportal.unc.edu/current-students/student-handbook/ Scroll down to Transfer Policies.

### Section Two:
(To be completed by OSA; forwarded to Assistant Dean)  
Date: ______________

*Information presented has been verified & supporting documentation attached.*

**Comments:** __________________________________________________________

__________________________________________  
**Registrar Signature:** ____________________________

___________________________________________________________________________

### Section Three:
(Forwarded by Assistant Dean, to a faculty familiar with expertise in course to be exempted)  
Date: ______________

**Forwarded to:** ___________________________  
**Course #:** ___________________________

**Comments/Recommendation:** ________________________________________________

___________________________________________________________________________

**Course Coordinator Signature:** _____________________________________________

___________________________________________________________________________

### Section Four:
(To be completed by Assistant Dean)  
Date: ______________

I recommend that the above student (please check one):

_____ Receive credit for NURS _____________ (UNC-CH SON course number)

_____ Does not receive credit for previously completed coursework

_____ Course exemption approved, but credits must be replaced with an elective graduate-level course.

_____ Other (please explain below)

**Comments:** __________________________________________________________

___________________________________________________________________________

**Assistant Dean Signature:** ______________________________________________

The Assistant Dean will, upon final review, return materials to the Office of Student Affairs. OSA will notify the applicant and copy the Assistant Dean. OSA will place original document in the student’s permanent file.

Rev. 10/01; 02/06; 03/07; 08/08; 08/10; 08/16; 5/18; 10/18