Johns Hopkins School of Nursing
Transfer of Graduate Credits into JHSON

This process must be initiated by the student. A separate request form is required for each course. After the student completes the top portion and provides all required attachments, this form is directed to the Office of the Registrar.

Name of student: ____________________________
Course number and title to be reviewed: ____________________________
Institution where course was taken: ____________________________
Credit hours: ________  Semester and year taken: _____________  Grade: ______
Number & title of required JHSON course: ____________________________

Required attachment:
☐ Course syllabus that includes a detailed topical outline, subject areas covered week to week, assignments and required readings

Student’s Signature: ____________________________  Date: __________

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PERMISSION FOR TRANSFER OF CREDIT(S)
☐ Approved  ☐ Not Approved  Rationale ____________________________
Course materials reviewed, comparable to required course in the program  ☐ Accepted
Course materials reviewed, comparable to elective course in the program  ☐ Accepted
Guidance obtained from faculty member teaching comparable course  ☐ (Signature below)
Course material reviewed:  ☐ Not Accepted
Reason for not accepting credit: ____________________________

SIGNATURE OF FACULTY MEMBER
TEACHING COMPARABLE COURSE: ____________________________  Date: __________

PROGRAM DIRECTOR’S SIGNATURE: ____________________________  Date: __________

SIGNATURE/STAMP REGISTRAR’S OFFICE ____________________________  Date: __________