



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 JHU SON 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:

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: