



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 Academic Affairs. The course for which credit is requested must have been completed and grade received within five years of starting the JHSON degree program (first day of first term of enrollment) with an earned grade of B or higher.

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 attachments:

- Course syllabus that includes the course objectives and topical outline
Transcript with school legend indicating course level (located on back of transcript)

Student's Signature: _____ Date: _____

PERMISSION FOR TRANSFER OF CREDIT(S)

Form with checkboxes for 'Approved' and 'Not Approved', and a table with columns for 'Rationale' and 'Status' (Accepted/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: _____