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| ASSOCIATE R.N. to M.S. NURSING |
| PETITION FOR GRADUATE CREDIT AS AN UNDERGRADUATE STUDENT |

| | |
|---------------|----------------------------|
| Name _____ | Date _____ |
| Address _____ | STUDENT ID # _____ |
| Address _____ | Program _____ R.N. to M.S. |
| | Phone _____ |
| | E-Mail _____ |

I petition to receive graduate credit for the course listed below, to be taken:
 Fall 20____(yr) Spring 20____(yr) Summer 20____(yr)

| Dept. | Class# | Catalog # | Credits | Course Title | Instructor Approval (signature) |
|-------|--------|-----------|---------|--------------|---------------------------------|
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THE GRADUATE SCHOOL AND THE COLLEGE OF NURSING
requires that the following conditions be met in order to be eligible for graduate credit:

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|--|---|
| 1. The credits being petitioned are not needed to complete requirements for a baccalaureate degree. | 5. The student's load is not more than 16 credits in a regular semester or 8 credits in a summer session. |
| 2. Admittance to the RN/MS program is required after completion of the undergraduate pre-requisites. | 6. The student's overall GPA is at least 3.0. |
| 3. This petition is filed by the last day to add a course | 7. The course is not taken for S/U grading |
| 4. The course is listed in the current Graduate School Catalog | |

To be completed by the Graduate Director of Nursing.
Please verify the following and sign below:

| | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect | The credits being petitioned are not needed to complete requirements for a baccalaureate degree. |
| <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect | The student's overall GPA is at least 3.0 |
| <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect | The student will be applying to the Graduate School RN/MS program after completion of the undergraduate pre-requisites. |

| | | |
|---------------------------|--------------|------|
| Nursing Graduate Director | Printed Name | Date |
|---------------------------|--------------|------|

The Dean of the Graduate School has approved the student's petition and graduate credit should be awarded provided the conditions are fully met.

| | | | |
|-----------------------------------|---------------------------------|-----------------------|-------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Graduate School Dean: | Date: |
|-----------------------------------|---------------------------------|-----------------------|-------|

Comments: _____

NOTE TO STUDENT: Submit this form to the Graduate School with the signature of the instructor and the Nursing Graduate Director. Upon approval by the Graduate Dean, you and the instructor will receive a copy of this form, at which time you may proceed with the work required by the instructor for graduate credit. Final award of graduate credit is granted at the close of the semester and is contingent upon your meeting the specified conditions listed above, **including admittance to the RN/MS program**. If admittance to Graduate School is not granted, these credits will revert back to your undergraduate transcript.

NOTE TO INSTRUCTOR: Receipt of a copy of this form with all signatures authorizes you to treat this student as a graduate student where course requirements are concerned in order for the student to earn graduate credit for this course.

 Graduate School _____ Nursing _____ Student _____ Registrar's Office _____ Instructor _____