# **Application for Course Transfer or Waiver Approval (MSN Students Only)**

**Procedure:**

* **The student completes the top of this form and gives the form with related syllabus/syllabi to the MSN Program Director.**
* An incomplete form will be returned to the student. **Please make sure handwritten forms are legible.**
* The student attaches a copy of the “outside FPB” syllabus. The syllabus must include course description, objectives, faculty and credentials, textbook or list of readings, evaluation methods, and course schedule of topics.
  + Only courses with a B or better are eligible for consideration.
  + Course(s) must be no more than 5 years old.
  + Reminder: these “outside syllabi” need to be placed in the FPB MSN portfolio.
* *(Check only if applicable.)* There are **2** SYLLABI to be reviewed for a single FPB course equivalency; both are attached.
* Check **one** of the following:
  + **Transfer:** The student requests that the following course be substituted for a FPB course. Transfer credits are documented on the CWRU transcript but the grade is not part of the CWRU GPA.
  + ***Waiver:*** The student requests that the following course be acknowledged as equivalent to a FPB course. Waiver credits DO NOT become documented on the CWRU transcript.
* *(Check only if applicable.)* I am also seeking **pre-approval** of a course. I understand that I must earn an A or B and submit a transcript to the FPB registrar at course completion in order to finalize this application. Entry of decision into SIS requires transcript submission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME Student ID # (7 digit SIS number) EMAIL

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am requesting credit for the following course:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Outside Course # Course Name /Institution Semester and Year Taken Credit hrs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

If applicable, 2nd Course # Course Name /Institution Semester and Year Taken Credit hrs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

FPB equivalent Course # (e.g. NURS 502) Course Title FPB Credit hrs.

Below this line for Faculty and Administration Use. Students: Save the completed top of this form in your personal files.

Approved **as a Transfer** Approved **as a Waiver** Not Approved

**Faculty Reviewer**: If not approved, briefly indicate the reason(s) the course is not equivalent (more than one check is fine!)

* Missing essential FPB course content, comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not at graduate level equivalency, comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not equivalent in credits, comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Faculty Reviewer’s Signature*

* Program Director concurs with requested waiver/transfer. **If not: Waiver/Transfer revised to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

*Program Director’s Signature*

* Entered in MSN database; Student notified by email and form sent to Registrar. (initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Registrar: Transcript Received (initials/date) \_\_\_\_\_\_\_\_\_\_\_\_ Transfer posted to SIS (initials/date) \_\_\_\_\_\_\_\_\_\_\_\_