FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

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 *MSNasst@case.edu*.**
- 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) _____

Revised and Current Form Effective April 26, 2021