

Petition to Waive NURS 532

Name _____ SIS ID Number _____

Email _____ Phone _____

I hereby recommend that the student above be allowed to utilize units from

_____ (Institution)

as indicated below toward the PhD in Nursing.

_____ (Department/Program)

In order to receive a credit waiver, the indicated course:

1. Must be graduate level.
2. Must have a grade of 'B' or higher.
3. Must meet or exceed requirements for NURS 532.
4. Must have been completed prior to matriculation at CWRU.
5. Must have been completed no more than five years prior to matriculation at CWRU.

In addition:

1. An official course syllabus must accompany the request for waiver of credit.

Course #	Course Title	Units	Case Equiv. Course Code	Units
EXMP 555	Example Title of Course	3	EECS 452	3
			NUR 532	

One hour of quarterly credit is equivalent to two thirds of a semester unit of credit.

Signatures

Student _____ Date _____

Faculty Advisor _____ Date _____

Faculty Course Evaluator _____ Date _____

Director, PhD in Nursing Program _____ Date _____