



SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

REQUEST FOR TRANSFER CREDIT

* Required fields

*First Name: _____
 *Last Name: _____
 *Student ID#: A00 _____
 Daytime Phone #: (____) _____
 Home Phone #: (____) _____
 UMDNJ E-mail Address: _____

Mailing Address

*Program of Study (Degree/Specialty) _____
 Example: MSN - Adult Health

Institution	Course Number/ Level (Grad/ Undergrad)	Course Name	Date/Term	# of Credits	Grade	SN Equivalent Course # and Name	# of SN Credits
Example: Rutgers	NURT 416	Geriatrics	Fall 07	3	A	NURS 50006 Nursing Research	3

Comments:

Students requesting transfer credits must submit official transcripts, course descriptions and any additional documentation; i.e.: syllabus, research papers, etc., along with this completed form. Incomplete forms will not be processed.

Return form to School of Nursing Enrollment Services • 65 Bergen Street, Room 152 • PO Box 1709 • Newark, NJ 07101
Phone: 973-972-5336 • Fax: 973-972-7453

Student Signature _____ Date _____
 Signature of Faculty Member or Asst. Dean _____ Date _____
 Approved _____ Not Approved _____

ENROLLMENT SERVICES USE ONLY

Enrollment Services signature _____ Date _____

<http://sn.umdnj.edu>