

Transfer Credit Checklist

Student's Name _____

ID# _____

Graduate School Requirements for Course Equivalence Transfer Credits

- Request for Review of Course Equivalence has been completed by applicant.
- Course syllabi provided
- Course submitted for equivalence is graduate level credits from an accredited institution.
- Institution's accrediting agency: _____
- Transcript with transfer credits highlighted is attached; confirms that grade earned is B or better.
- Course submitted for equivalence was completed within the last six years.

TOTAL NUMBER OF TRANSFER CREDITS REQUESTED: _____

Enrollment Specialist _____

Date _____

Recommend Acceptance _____

Date _____

Wilkes Acceptance _____

Date _____



Request for Review of Course Equivalence

INSTRUCTIONS:

1. Complete form.
2. Attach supporting documents – syllabus and transcripts.
3. Submit packet to your Wilkes University Enrollment Specialist for review.

Wilkes University will review the request and inform you of the decision within 7 days.*Please note- the maximum number of allowable transfer credits for the MSN program is 9. The maximum number of allowable transfer credits for the DNP program is 12.

A. Student Personal Information

Last Name: _____ First Name _____ Student ID: _____
 Address: _____ City, State, Zip: _____
 Phone: _____ Email: _____

B. Program Information

Degree Information:

Institution: Wilkes University

Major: _____

Is this student a Board-Certified Nurse Practitioner?

C. Course Information

I request that the experience documented and attached materials be reviewed for equivalency to:

Wilkes Course #	Wilkes Course Title	Units

I have taken a similar course(s) at:

College/University	Course #	Course Title	Units	Date

Approval of Course Equivalence:

NOT APPROVED APPROVED

_____ Department Chair* _____ Signature _____ Date _____

***The Department Chair makes the final decision on course equivalences.**



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College/University	Course #	Course Title	Units	Date
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Approval of Course Equivalence

NOT
APPROVED APPROVED

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		Department Chair*	Signature	Date

Course Information

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Approval of Course Equivalence

NOT
APPROVED APPROVED

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		Department Chair*	Signature	Date

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_____	_____	_____	_____	_____
College/University	Course #	Course Title	Units	Date

Approval of Course Equivalence

NOT APPROVED
 APPROVED

_____	_____	_____
Department Chair*	Signature	Date

Course Information

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College/University	Course #	Course Title	Units	Date

Approval of Course Equivalence

NOT APPROVED
 APPROVED

_____	_____	_____
Department Chair*	Signature	Date

***The Department Chair makes the final decision on course equivalences.**