

Transfer Credit Evaluation Request Form

Last Name:

Email Address:

First Name:

Phone Number:

Student ID Number:

Please ensure that you have reviewed the applicable course regulations prior to submitting this form.

Transfer credit requested for:

Post-Masters Diploma: Nurse Practitioner (PMD:NP)—maximum 3 courses - 9 credits

Master of Nursing: Nurse Practitioner (MN:NP)—maximum 5 courses (15 credits)

Master of Nursing: Generalist (MN: GEN)— maximum 5 courses (15 credits)

Master of Nursing: Generalist—15 credits with completed **Post-Baccalaureate Nurse Practitioner Certificate**

Master of Health Studies (MHS)— maximum 5 courses (15 credits)

Master of Counselling (MC)—maximum 4 courses (12 credits)

Graduate Diploma in Counselling (formerly PBDC)—maximum 2 courses (6 credits)

Post-Masters Certificate in Counselling (PMCC)—maximum 1 course (3 credits)

Note: The maximums provided here are inclusive of prior advance credit or on-campus course electives.

Choose the type of transfer credit evaluation:

A Completed Program (E.g. Post-Baccalaureate Nurse Practitioner program)

Individual Course(s)

Please submit your completed form to fhdgradadvising@athabascau.ca.

SIGNATURE (Required for all pages):

I confirm that the information provided on this form is accurate and complete.

Signature: _____

Date: _____

EVALUATION OF A **COMPLETED PROGRAM** (Post-Baccalaureate Nurse Practitioner or MN:NP specialized)

REQUIRED ATTACHMENTS:

An official transcript (if not already submitted)

Nurse Practitioner License

I am requesting transfer credit for the following, previously completed, program:

Name of Program/Credential _____

Institution Name: _____

Date of Completion (Month and year): _____

Rationale:

PAYMENT: Electronic Funds Transfer information can be found on line at:

<http://registrar.athabascau.ca/enrolment/etransfer/index.php>. Your form will be processed once our office receives confirmation that the required **payment has been received by our Finance** department. For information on fees, see the current Athabasca University Graduate Student Calendar. Please direct your completed form and any questions you may have to fhgradadvising@athabascau.ca.

Please do not submit your payment until the amount has been confirmed by your Academic Advisor.

EVALUATION OF **COMPLETED INDIVIDUAL COURSES**

REQUIRED ATTACHMENTS:

An official transcript (if not already submitted)

A course syllabus for each course and any other materials that may assist in the course evaluation (E.g. Course description, learning objectives, course materials, evaluation procedures, core topics covered)

Course syllabus is attached to this form for each course submitted for evaluation.

Yes

No

SIGNATURE (Required for all pages):

I confirm that the information provided on this form is accurate and complete.

Signature: _____

Date: _____

EVALUATION OF **COMPLETED INDIVIDUAL COURSES** (Continued)

Required for EVALUATION OF COMPLETED INDIVIDUAL COURSES only. Please complete the following information for each course submitted—printing additional copies of this page as needed. It is the applicant's responsibility to provide complete information about the course for which transfer credit is sought as we are unable to process incomplete submissions.

Institution: _____

Course Number (include prefix): _____

Course Title: _____

Credits: _____ Transcript Grade: _____

Please identify the course for which credit is requested:

AU Course Number: _____

Course Title: _____

If this course is not equivalent to an AU course, please explain why this course is appropriate for transfer credit as an elective in your program.

Rationale:

Institution: _____

Course Number (include prefix): _____

Course Title: _____

Credits: _____ Transcript Grade: _____

Please identify the course for which credit is requested:

AU Course Number: _____

Course Title: _____

If this course is not equivalent to an AU course, please explain why this course is appropriate for transfer credit as an elective in your program.

Rationale:

SIGNATURE (Required for all pages):

I confirm that the information provided on this form is accurate and complete.

Signature: _____

Date: _____