

**Request for Transfer of Professional Graduate Courses****Student Information** Date Name NrsgCAS or NU ID **Course Information****Course to be Transferred**

Number	Course Title	Credit Hrs
<input type="text"/>	<input type="text"/>	<input type="text"/>

Institution	Grade	Semester/Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach the course syllabus before submitting to Student Services.

**UNMC College of Nursing Course**

Number	Course Title	Credit Hrs
<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit to Student Services at [graduatenuresing@unmc.edu](mailto:graduatenuresing@unmc.edu) for review.***This section for course reviewers only.***Reviewer Name Reviewer Title **Summary of Review****Meets 80% or more****Does not meet**Reviewer Signature Date