

Current Status: *Active*



SAINT ANTHONY
COLLEGE OF NURSING

Original Effective:
Last Reviewed or Revised:
Category/Chapter:
Applicability:

11/30/1991
6/27/2016
Academic Programs
SACN Operating Units

Transfer Credit Evaluation (403)

PURPOSE:

This policy addresses the college's willingness to accept credits for any college level course work taken at another college or university. The process and procedures associated with evaluating and accepting those credits with the purpose of transferring them to Saint Anthony College of Nursing are articulated.

POLICY:

- Courses from a regionally accredited college or university program will be evaluated for transfer credit on an individual basis by the appropriate program dean and the applicable course coordinator.
- All transfer work must have an earned grade of "C" or better for the undergraduate students and a "B" or better for graduate students.
- A written request for transfer credit evaluation, an official transcript, and the course syllabus for each course to be evaluated must be submitted to the program dean for evaluation.
- Nursing courses under consideration for transfer credit must have been taken no more than five years prior to enrollment at Saint Anthony College of Nursing.
- Credit for nursing courses taken more than five years prior to enrollment may request evaluation of equivalent knowledge, skills and attributes in a manner determined as appropriate by the academic Dean. The College will charge an examination fee for proficiency exams administered by the College.
- The maximum number of transfer and/or proficiency exam credits awarded may be restricted by the College residency requirements.
- A posting fee will be charged in accordance with the current fee schedule for nursing courses taken and transferred after acceptance and matriculation at SACN.
- Requests for transfer credit after the student's matriculation at Saint Anthony College of Nursing are rarely accepted and will be subject to the approval of the appropriate program dean.

ATTACHMENTS:

Master Courses Accepted for Transfer into Saint Anthony College of Nursing Master of Science in Nursing Program

Master Courses Accepted for Transfer into Saint Anthony College of Nursing Master of Science in Nursing Program

I, _____ am requesting that the previous Master course(s) I have listed below be reviewed for course transfer into the Saint
PLEASE PRINT
 Anthony College of Nursing Master of Science in Nursing Program, _____.
TRACK

Full Name: _____
FIRST MIDDLE LAST

Address: _____
STREET CITY STATE ZIP

Phone: _____ Home Cell Work

_____ Home Cell Work

Course(s) for Transfer Request							Course(s) Equivalency at SACN			
Institution	Course Number	Course Name	Credits	Grade	Year Taken	Approval	Course Number	Course Name	Credits	Grade

Reason for Transfer Request: Provide a rationale for approval of the transfer courses listed above

I understand that to permit transfer, the course must be similar in subject matter and comparable in the number of contact hours of a required course to ensure program academic rigor is maintained. I also understand that I may be required to provide associated syllabi.

Student Signature: _____

Date: _____

For Office Use:

Date Received			
Dean Graduate Affairs & Research Signature		Dean Graduate Affairs & Research Print Name	
Advisor Signature		Advisor – Print Name	
Date Approved/Denied		If Denied, Reason:	