



## Request for Credit Consideration

**The form must be completed in its entirety in order to be reviewed.**

**Student Name:** Type Name here

**Application Term:** Type Name here

**Program:**  MSN  Post Master's Certificate  DNP  PhD

**Courses Completed at Duquesne School of Nursing:**  YES  NO

**Are you a current licensed Certified Registered Nurse Practitioner?**  YES  NO

**Are you currently practicing as a Certified Registered Nurse Practitioner?**  YES  NO

- *A course syllabus or outline MUST be submitted for each course taken outside of Duquesne School of Nursing*
- *Courses completed at or previously accepted by Duquesne School of Nursing are not required to submit course syllabus or outline with request*
- *Submission of a request for credit consideration does not guarantee approval. Each credit request will be reviewed on a case by case basis.*

COURSES SHOWN ON TRANSCRIPT				DUQUESNE GRADUATE NURSING EQUIVALENT			
School	Course #	Course Name	Credits	Course #	Course Name	Credits	Comments (To be completed by Duquesne)