



**Graduate School of Nursing
Uniformed Services University of the Health Sciences
Bethesda, Maryland**

TITLE OF POLICY: Transfer of Academic Credits for the Uniformed Services University of the Health Sciences (USUHS), Graduate School of Nursing (GSN)

ORIGINAL APPROVAL DATE: 12 February 2001
Amended 21 January 2006

LAST REVIEW/REVISION DATE: 29 July 2011

POLICY

A. **Purpose.** This instruction establishes a USUHS GSN policy concerning the transfer of credits from another academic institution, to the current program of study, at USUHS.

B. **References:** - None.

C. **Applicability.** This instruction applies to students enrolled in the GSN Masters of Nursing Science (MSN), Doctor of Nursing Practice (DNP) and Doctor of Philosophy (PhD) programs.

D. **Objectives.** Rarely will transfer credits be granted for core courses due to the military federal uniqueness of the Uniformed Services University; however, on a case by case basis, courses will be reviewed for consideration of transfer credit. A grade of B or better must be achieved in the course(s) to be considered for transfer of credit. If approval is granted, a maximum of six (6) credits for the MSN and DNP programs will be allowed to be transferred into the program of study. Generally, no more than nine to twelve (9-12) credits will be allowed for the PhD program.

E. **Responsibilities:**

1. The student will:

a. Provide the Program Director with the following documents no more than one (1) month prior to the starting date of the student's respective program:

- Course description
- Course syllabus
- Transcript and grade obtained from course

b. Complete the “Request for Transfer Credit” (Attachment A) and submit to the respective Program Director for review.

c. Complete the above process for each course requested to be reviewed for consideration of transfer credit.

2. The program directors will:

a. Review the student request for transfer credit.

b. Submit documents (Course description, course syllabus, and transcript and grade obtained from course) to appropriate course coordinator.

3. The course coordinator will:

a. Review documents submitted by program director

b. Evaluate documents for course equivalency.

c. Complete the “Transfer Credit Review” (Attachment B) and submit to program director.

4. The program director will then:

a. Sign the transfer credit review.

b. Notify student requesting transfer credit of the final decision.

c. If transfer credit is approved, distribute copies of all documentation to:

- (1) Student requesting transfer credit
- (2) GSN student file
- (3) Registrar’s office

d. If transfer credit is approved, the grade obtained from that course will **not** be factored into the cumulative GPA for course work taken while enrolled in the GSN at USUHS but it will fulfill the curriculum requirement within the program of study.

F. **This Policy and Precedent is effective immediately.**



ADA SUE HINSHAW, PhD, RN, FAAN 7-29-11
Professor and Dean
Graduate School of Nursing, USU

Attachments:

- A. Request for Transfer Credit Consideration
- B. Transfer Credit Review

Reviewed by :

(Signature) (Date)

(Signature) (Date)

(Signature) (Date)

(Signature) (Date)



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
GRADUATE SCHOOL OF NURSING
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



DATE: _____

MEMORANDUM FOR RECORD

SUBJECT: Request for Transfer Credit Consideration

TO: Program Director: _____ (Indicate Program)

FROM: _____

1 Requesting transfer credit for the following GSN course:

GSN Course Number and Title: _____

2. Course for consideration from a previous academic institution:

Course Number and Title: _____

Institution: _____

Inclusive Dates of Course: _____

2. Attach the following documents:

Course Description
Course Syllabus
Transcript of Grade Obtained

4. If this course is approved for transfer of credit, please note that the grade obtained from that course will **not** be factored into the cumulative GPA for course work taken while enrolled in the GSN at USUHS.

Print Name: _____ Date: _____

Signature of Student: _____

Attachment A: Request For Transfer Credit Consideration



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
 GRADUATE SCHOOL OF NURSING
 4301 JONES BRIDGE ROAD
 BETHESDA, MARYLAND 20814-4799



DATE: _____

MEMORANDUM FOR RECORD

SUBJECT: Transfer Credit Review

TO: Program Director: _____ (Indicate Program)

FROM: (Course Coordinator) _____

1. **Review of transfer credit for:**
 GSN Course Number and Title: _____

2. **Course for consideration from a previous academic institution:**
 Course Number and Title: _____
 Institution: _____
 Inclusive Dates of Course: _____

3. **The following documents were reviewed:**
 Course Description
 Course Syllabus
 Transcript of Grade Obtained

4. **Decision:**
 Approved _____
 Not Approved _____

5. **Rationale for the above decision:**

Signature of Course Coordinator: _____ Date: _____

 Program Director: _____
 Signature of Program Director: _____ Date: _____

Concur: _____
 Non Concur: _____

Attachment B: Transfer Credit Review