

TRANSFER CREDIT EVALUATION/COURSE EXEMPTION REQUEST

GENERAL INFORMATION

- Students who have completed courses at the university level prior to being accepted to the Nursing program may be eligible to receive transfer credits towards their degree program or exemption from particular courses. Only courses completed at a university are eligible for consideration. Courses completed at a college are not eligible for review. Courses completed through Advanced Placement (AP) or International Baccalaureate (IB) programs will only be considered for transfer credits for Level 1 electives.
- Professional Practice (i.e. 'Clinical' courses) and Nursing Concept courses (i.e. problem-based learning, 'PBL' courses) are not eligible for transfer credit/exemptions due to the professional, integrated nature of the program (see pg. 2).
- No course for which a grade of less than C- (60%) has been achieved will be considered for transfer credit/exemption. For Advanced Placement (AP) or International Baccalaureate (IB) courses, please review the minimum grade requirements policies online at <http://future.mcmaster.ca/admission/transfer-credit/>
- **Students are strongly encouraged to submit requests for transfer credit evaluations/course exemptions prior to beginning their studies in the Nursing program. Requests submitted by July 15 will be evaluated prior to the beginning of the Fall term to ensure that students can make informed course enrollment decisions.** Students have one year from the time of admission to request evaluation of possible transfer credits/course exemptions. If a student is granted transfer credit/exemption for a course(s) that they are currently enrolled in, it is the student's responsibility to drop/withdraw from the course(s) prior to the last day for enrolment changes/last day for canceling courses without failure by default as outlined in the Undergraduate Calendar sessional dates. Requests for backdated withdrawal will not be considered on the grounds of being granted transfer credit(s).
- If granted, transfer credits will be recorded on a student's Mosaic account and will bear a grade designation of 'T'. Students will not be required to complete the requirement for which they have received a transfer credit. Transfer credits are not used in the calculation of students' academic standing, GPA, or for awards/academic honours (e.g. Deans' Honours List).
- Please review the McMaster transfer credit policies at <http://future.mcmaster.ca/admission/transfer-credit/>

GUIDELINES FOR COMPLETING THIS FORM

- This form must be fully completed by the student and submitted to the appropriate site:
 - Mohawk & McMaster site students – BScN Program Office via email (bscnadvising@mcmaster.ca) or fax (905-570-0667)
 - Conestoga site students – Conestoga Academic Advising Office via email (aharrison@conestogac.on.ca) or fax (519-748-3562)
- The form **must be accompanied** by appropriate documentation outlined below. Requests submitted without the appropriate documentation will **not** be considered.
 - **Requests for Electives:** Official transcript from the previous institution of study submitted directly to the School of Nursing by the institution (by mail or fax), or submitted by the student in a sealed envelope bearing the institution's unbroken seal/stamp *Note:* If previous course work was completed at McMaster University or Conestoga College you are **not** required to submit a transcript
 - **Request for PSYCH, HTHSCI, or NURSING courses:**
 1. Official transcript from the previous institution of study submitted directly to the School of Nursing by the institution (by mail or fax), or submitted by the student in a sealed envelope bearing the institution's unbroken seal/stamp *Note:* If previous course work was completed at McMaster University or Conestoga College you are **not** required to submit a transcript
 2. The course description for the course from the previous institution's website/Calendar
 3. Detailed course outline/syllabus for the course completed at the previous institution in the term that you completed the course (electronic or printed copies acceptable)
- Documentation submitted for the purposes of transfer credit evaluation will **not** be returned.
- The School of Nursing will review the request and notify the student via email once a decision has been reached.

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STUDENT INFORMATION

Student Name: _____ **McMaster ID #:** _____

McMaster Email Address: _____ @mcmaster.ca **Telephone Number:** _____

Current Site: McMaster Mohawk Conestoga **Program Stream:** Basic (A) Post RPN (E) Accelerated (F)

ELECTIVE TRANSFER CREDIT REQUEST (BASIC AND POST RPN STREAMS ONLY)

Stream	Requested Transfer Credit	Previous Institution(s)	For Office Use Only		
			Academic Advisor Name & Initials	Approved (details)	Fully Denied
Basic	<input type="checkbox"/> Up to 12 units of Level 1 electives				<input type="checkbox"/>
	<input type="checkbox"/> Up to 6 units of Level 2+ electives				<input type="checkbox"/>
Post RPN	<input type="checkbox"/> Up to 12 units of Level 1 electives				<input type="checkbox"/>
	<input type="checkbox"/> Up to 9 units of Level 2+ electives				<input type="checkbox"/>

REQUIRED PSYCHOLOGY (PSYCH) TRANSFER CREDIT REQUEST (BASIC STREAM ONLY)

Requested Transfer Credit	Previous Institution	Course Code/Name of Previous Course	Year & Term Completed	For Office Use Only			
				Pre-Approved	Psychology Department Reviewer Name & Initials	Approved	Denied
<input type="checkbox"/> PSYCH 1X03/1N03 Introduction to Psychology, Neuroscience & Behaviour				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PSYCH 1XX3/1NN3 Foundations of Psychology, Neuroscience & Behaviour				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED HEALTH SCIENCE (HTHSCI) AND NURSING (NURSING) TRANSFER CREDIT REQUEST

The following Professional Practice and Nursing Concept courses are **not** eligible for transfer credit evaluation:

Basic Stream: NURSING 1F03, 1G03, 1I02, 1J02, 2MM3, 2NN3, 2L03, 2P03, 3QQ3, 3SS3, 3TT3, 3X04, 3Y04, 4J07, 4K10, 4P04, 4Q03

Post RPN Stream: NURSING 2A04, 2AA3, 2T04, 3QQ3, 3SS3, 3TT3, 3Y04, 4J07, 4K10, 4P04, 4Q03

Accelerated Stream: NURSING 2I04, 2J04, 2U04, 2V04, 3QQ3, 3V03, 3ZA3, 3ZB3, 4J07, 4K10, 4P04, 4Q03

Course Code of Requested Transfer Credit <small>(e.g. HTHSCI 4NR3)</small>	Previous Institution	Course Code & Name of Previous Course	Year & Term Completed	For Office Use Only		
				Lead Name & Initials	Approved	Denied
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

SUPPORTING DOCUMENTATION

I have attached a copy of my transcript in a sealed envelope bearing the institution's unbroken seal/stamp; OR I have requested that my previous institution send my transcript directly to the School of Nursing; OR My previous academic course work was completed at McMaster
 If requesting transfer credits for PSYCH, HTHSCI, or NURSING courses, I have attached the necessary documentation (see page 1)

I have read and understand the McMaster and BScN Program Transfer Credit Evaluations policies.

I understand that, if I am granted transfer credits, I am responsible for adjusting my course enrollment before the deadlines stated in the McMaster Undergraduate Calendar for each term.

Student signature: _____ **Date:** _____

FOR OFFICE USE ONLY

LEAD(S) NOTIFIED by: _____ Date: _____
 RESULT EMAILED SENT TO STUDENT by: _____ Date: _____
 POSTED TO MOSAIC by: _____ Date: _____