

Course Equivalency Petition



This form is used to request an exemption from, or substitute for, a nursing prerequisite or required course based upon previous coursework or experience (must provide extensive supporting evidence).

A separate form must be used for each course requirement you want evaluated. Allow 4 weeks for processing and review. During the very beginning or end of the semester, it may take longer for a request to be reviewed. The decision will be e-mailed to the address you list below.

All requests must include:

- An unofficial copy of relevant transcript(s) (no APAS reports), or, if you believe other experiences have given you knowledge comparable to that included in the course you want evaluated (e.g. work experience), provide supporting documentation fully describing the experience and how it meets the objectives for the course in question (include Journal articles, papers, project outlines, or similar materials to show evidence of subject matter expertise.
- A copy of the syllabus (required for admitted/current students) or course description from the school where the course was or will be taken.

Name: _____ UMID (if applicable): _____

Phone: _____ Email: _____

I am applying to the following program: BSN MN Certificate program

OR
I am an admitted/current student in the following program: BSN MN DNP Post-MS DNP PhD Certificate program

List the name of the prerequisite/required course in question, the course(s) you wish to use as a substitution, the institution where the class was (or will be taken), the term it was (or will be) taken, number of credits, and grade received:

Required Course	Substitute Course #	Substitute Course Name	Institution	Term	Credits	Grade

Comments or other notes to support your request:

Note to Current BSN Students: Do not use this form for course exemption for the University of Minnesota Liberal Education core and theme requirements. These policies are governed centrally for every college and undergraduate major at the University of Minnesota. For more information visit: http://admissions.tc.umn.edu/AdmissionInfo/trans_evaluation.html.

FOR OFFICE USE ONLY - Evaluation Decision

Advisor Recommendation: Approve Deny

Comments: _____

Advisor Signature: _____ Date: _____

Evaluation Decision: Approved Deny

Comments: _____

Designee Signature: _____ Date: _____

Send completed form & materials to:

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5-160 Weaver-Densford Hall
308 Harvard Street SE
Minneapolis, MN 55455

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Fax: 612-625-7727
www.nursing.umn.edu