

Course Description Review Request Form

*Complete one Course Description Review Request Form for every course you would like to be reviewed by the School of Nursing. A course description review need only be done for courses and institutions **NOT** listed on the School of Nursing Course Equivalents website:*

www.nursing.umich.edu/admissions/secondcareer/course_equivalents

Please note: The final decision regarding course equivalency may be made by the School of Nursing Admissions Committee. A grade of "C" or above must be earned to transfer a course to the University. Please print clearly & allow 4 – 6 weeks for processing.

Contact Information

Date: _____

Prospective Applicant Name: _____

Email address: _____ Phone: _____

I am applying to (please select one):

____ Freshman/Sophomore transfer ____ RN-BSN/RN-MS ____ Accelerated Second Career

Course Description

Attach a course description & syllabus of the course you would like the School of Nursing to review. If multiple courses need to be reviewed to meet the requirements of one pre-requisite, then please complete one form with details of all the courses.

Course Name(s) & Number(s): _____

Number of Credits: _____ Grade(s) received (if completed): _____

Institution: _____ Campus & State: _____

Prerequisite course the above-mentioned course may satisfy: _____

Submission

Course description review materials may be submitted via mail or fax and can be initiated prior to the application process. Mail materials to: University of Michigan School of Nursing, Office of Academic Affairs, 400 North Ingalls, Suite 1160, Ann Arbor, MI 48109-0482. Fax materials to: 734.647.1419.

You will be notified via email when a decision has been made or if more information is required to make a decision.

Office Use Only

Request for more information; please provide _____

Approved as **equivalent** by: _____ Date of approval: _____

Approved for **individual waiver** by: _____ Date of approval: _____

Denied by: _____ Date of denial: _____

Reason for course denial: _____

Institution accreditation approval from OUA: _____ Date: _____

Course Description Review Request Form Last updated on: 3/27/2007

CC: Student file