

UNC-Chapel Hill - School of Nursing
Course Exemption Request Form -- BSN Program

(For more information see Placement Credit policy http://nursing.unc.edu/current/handbook/ug_transfer.html)

Section One: (Student to complete; attach copy of syllabus for review; submit to OASS, Suite 1200) Date: _____

Student's Name: _____ Option/Class: _____

Email address: _____ PID: _____

Seeking exemption review for: (SON course name/#): _____

Course to be reviewed (name/#): _____

Institution _____ Credit Hours : _____

When Completed (Semester/Year): _____ Grade earned: _____

Note: Technical courses will not transfer to UNC-CH and will not be forwarded for review.

Section Two: (To be completed by Office of Admissions and Student Services) Date: _____

Information presented has been verified & supporting documentation attached.

Comments: _____

Registrar Signature: _____

Section Three: (To be completed by the Program Director) Date: _____

Forwarded to:(course coordinator): _____ Course #: _____

Comments/Concerns: _____

Program Director Signature: _____

Section Four: (To be completed by course coordinator) Date: _____

I recommend that the above student (please check one):

_____ Receive credit for NURS _____ (UNC-CH SON course number)

_____ Does not receive credit for previously completed coursework

_____ Must register for NURS _____ but only complete coursework identified below

_____ May take a challenge examination & if successful, receive credit for NURS _____

The student will schedule the exam with me by _____ (date)

Comments/Concerns: _____

Course Coordinator Signature: _____

Course Coordinator to return completed form and course materials to the Undergraduate Program Director, who will, upon final review, return materials to the Office of Admissions and Student Services. OASS will notify the applicant, copy form to Program Director, & Course Coordinator, and place original document in the student's permanent file.

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