



Request for Credit Consideration

The form must be completed in its entirety in order to be reviewed.

Student Name: Type Name here

Application Term : Type Name here

Program: MSN Post Master's Certificate DNP PhD

Courses Completed at Duquesne School of Nursing: YES NO

Are you a current licensed Certified Registered Nurse Practitioner? YES NO

Are you currently practicing as a Certified Registered Nurse Practitioner? YES NO

- x ***A course syllabus or outline MUST be submitted for each course taken outside of Duquesne School of Nursing***
- x ***Courses completed at or previously accepted by Duquesne School of Nursing are not required to submit course syllabus or outline with request***
- x ***Submission of a request for credit consideration does not guarantee approval. Each credit request will be reviewed on a case by case basis.***

COURSES SHOWN ON TRANSCRIPT