

HUNTER COLLEGE of the CITY UNIVERSITY OF NEW YORK
HUNTER-BELLEVUE SCHOOL OF NURSING
COURSE WAIVER REQUEST—MASTER’S PROGRAM

WHEN TO USE THIS FORM:

If you completed a graduate-level course at another institution, and that course was used to satisfy requirements for an undergraduate degree, you may not transfer the credits for that course—you cannot count the credits for that course toward two different degrees. However, if the course is equivalent to a required Hunter graduate course, we may be able to waive that course requirement. The course must have been completed within the past five years and you must have earned at least a B in the course. You must be a currently matriculated Hunter nursing graduate student.

If your waiver request is approved, you will need to take an elective course that carries at least as many credits as the waived course. That elective may be completed at any time prior to graduation.

(NOTE: If you completed a graduate-level course at another institution, and that course was not used to satisfy requirements for an undergraduate degree, you should not use this form. Instead, you should complete the Graduate Transfer of Credit form. If you transfer a course, you do not need to take another elective—the credits from that course are applied to your Master’s degree at Hunter. The Transfer of Credit form is available at: <http://www.hunter.cuny.edu/graduateadmissions/applying/degree-application/transfer-credit>.)

Examples:

- As a BS student at the XYZ University School of Nursing, you completed a graduate-level nursing research course as part of your program. *You should complete this form.*
 - You began taking coursework toward your Master’s degree at the XYZ University School of Nursing. You completed a graduate-level nursing research course there. You are now a matriculated student at Hunter, and you wish to receive credit for that course. *You should not complete this form—you should complete the Graduate Transfer of Credit form.*
-

INSTRUCTIONS:

Complete the information below. Submit this form, along with a copy of the course syllabus and a copy of your transcript showing successful completion of the course with a grade of B or better within the past 5 years, to the Graduate Nursing office in Room 508W. *Waiver requests will not be approved without a course syllabus and a transcript.* Please submit a separate request for each course you are seeking to waive.

NAME _____ CUNYFirst ID# _____

HUNTER E-MAIL ADDRESS: _____

PROGRAM (check one): CNL CNS CPHN GNP/ANP MS/MPA PMHNP

COURSE NUMBER & NAME: _____

SCHOOL: _____ SEMESTER COMPLETED: _____

SIGNATURE

DATE

FOR OFFICIAL USE ONLY:

APPROVED

NOT APPROVED

GRADUATE DIRECTOR

DATE