

EXTERNAL TRANSFER CREDIT REQUEST

GENERAL INFORMATION

- Students who have completed courses at the university level outside of McMaster prior to being accepted to the Nursing program may be eligible to receive transfer credits for requirements of their degree program. Only courses completed at a university are eligible for consideration. Courses completed at a college or through external companies are not eligible for review. Courses completed through Advanced Placement (AP)/ International Baccalaureate (IB) will only be considered for transfer credits for Level 1 electives. Minimum grade requirements: <http://future.mcmaster.ca/admission/transfer-credit/>
- Professional Practice (i.e. 'Clinical' courses) and Nursing Concept courses (i.e. problem-based learning, 'PBL' courses) are not eligible for transfer credit due to the professional, integrated nature of the program (see pg. 2).
- No course for which a grade of less than C- (60%) has been achieved will be considered for elective course transfer credit.
- No course for which a grade of less than B- (70%) has been achieved will be considered for mandatory HTHSCI and NURSING course transfer credit.
- **Students are strongly encouraged to submit requests for transfer credit evaluations prior to beginning their studies in the Nursing program. Requests submitted by July 15 will be evaluated prior to the beginning of the Fall term to ensure that students can make informed course enrollment decisions.** Students have one year from the time of admission to request evaluation of possible transfer credits/course exemptions for the entirety of their program. If a student is granted transfer credit for a course(s) that they are currently enrolled in, it is the student's responsibility to drop/withdraw from the course(s) prior to the last day for enrolment changes/last day for withdrawal without failure by default as outlined in the Undergraduate Calendar sessional dates. Requests for backdated withdrawal will not be considered on the grounds of being granted transfer credit(s).
- If granted, transfer credits will be recorded on a student's transcript and will bear a grade designation of 'T'. Students will not be required to complete the requirement for which they have received a transfer credit. Transfer credits are not used in the calculation of students' academic standing, GPA, or for awards/academic honours (e.g. Deans' Honours List).
- Please review: <http://academiccalendars.romcmaster.ca/content.php?catoid=24&navoid=4559#4>. [Transfer Credits](#)

GUIDELINES FOR COMPLETING THIS FORM

- This form must be fully completed by the student and submitted to the appropriate site:
 - Mohawk & McMaster: BScN Program Office via email (bscnadvising@mcmaster.ca) or fax (905-570-0667)
 - Conestoga: Academic Advising Office via email (bscnadvising@conestogac.on.ca) or fax (519-748-3562)
- The form **must be accompanied** by appropriate documentation outlined below. Incomplete requests or requests submitted without the appropriate documentation will not be considered.
 - **Requests for Electives:** Official transcript from the previous institution of study submitted directly to the School of Nursing by the institution (by mail or fax), or submitted by the student in a sealed envelope bearing the institution's unbroken seal/stamp.
 - **Request for PSYCH, HTHSCI, or NURSING courses:**
 1. Official transcript from the previous institution submitted directly to the School of Nursing by the institution (by mail or fax), or submitted by the student in a sealed envelope bearing the institution's unbroken seal/stamp
 2. The course description for the course from the previous institution's website/Calendar.
 3. Detailed course outline/syllabus for the course completed at the previous institution in the term that you completed the course (electronic or printed copies acceptable).
 4. Optional - Additional documentation that you feel highlights your learning in the course(s) (e.g. assignment outlines and rubrics, presentations, final papers, etc.). Students who are requesting transfer credit based on an independent study and/or thesis based course are strongly encouraged to submit this type of documentation.
- Documentation submitted for the purposes of transfer credit evaluation will not be returned.
- Transcript Submission: <http://nursing.mcmaster.ca/current-students/academic-advising/student-resources-forms>
- The School of Nursing will review the request and notify the student via email once a decision has been reached.

EXTERNAL TRANSFER CREDIT REQUEST

STUDENT INFORMATION

Student Name: _____ **McMaster Student #:** _____

McMaster Email Address: _____ @mcmaster.ca **Telephone Number:** _____

Current Site: McMaster Mohawk Conestoga **Program Stream:** Basic (A) Post RPN (E) Accelerated (F)

ELECTIVE TRANSFER CREDIT REQUEST (BASIC AND POST-RPN STREAMS ONLY)

| Requested Transfer Credit | Previous Institution(s) | For Office Use Only | | |
|---|-------------------------|---------------------|--------------------|--------------------------|
| | | Academic Advisor | Approved (details) | Fully Denied |
| <input type="checkbox"/> Max. number of credits | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

REQUIRED PSYCHOLOGY (PSYCH) TRANSFER CREDIT REQUEST (BASIC STREAM ONLY)

| Requested Transfer Credit | Previous Institution | Course Code/Name of Previous Course | Year & Term Completed | For Office Use Only | | | |
|--|----------------------|-------------------------------------|-----------------------|--------------------------|--|--------------------------|--------------------------|
| | | | | Pre-Approved | Psychology Department Reviewer Name & Initials | Approved | Denied |
| <input type="checkbox"/> PSYCH 1X03/1N03 Introduction to Psychology, Neuroscience & Behaviour | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> PSYCH 1XX3/1NN3 Foundations of Psychology, Neuroscience & Behaviour | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

REQUIRED HEALTH SCIENCE (HTHSCI) AND NURSING (NURSING) TRANSFER CREDIT REQUEST

The following Professional Practice and Nursing Concept courses are **not** eligible for transfer credit evaluation:

Basic Stream: NURSING 1F03, 1G03, 1I02, 1J02, 2MM3, 2NN3, 2L03, 2P03, 3QQ3, 3SS3, 3TT3, 3X04, 3Y04, 4J07, 4K10, 4P04, 4Q03

Post RPN Stream: NURSING 2A04, 2AA3, 3QQ3, 3SS3, 3TT3, 3Y04, 4J07, 4K10, 4P04, 4Q03, 3A04, HTHSCI 3C04

Accelerated Stream: NURSING 2I04, 2J04, 2U04, 2V04, 3QQ3, 3V03, 3ZA3, 3ZB3, 4J07, 4K10, 4P04, 4Q03, HTHSCI 3C04

| Course Code of Requested Transfer Credit <small>(e.g. HTHSCI 4NR3)</small> | Previous Institution | Course Code & Name of Previous Course | Year & Term Completed | For Office Use Only | | |
|---|----------------------|---------------------------------------|-----------------------|--------------------------------------|--------------------------|--------------------------|
| | | | | Lead Name & Initials (If no rule) | Approved | Denied |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SUPPORTING DOCUMENTATION

- I have attached a copy of my transcript in a sealed envelope bearing the institution's unbroken seal/stamp;
OR
- I previously submitted a copy of above mentioned transcript(s) to the Admissions Department as part of the application to the BScN program;
OR
- I have requested that my previous institution send my transcript directly to the School of Nursing
- If requesting transfer credits for PSYCH, HTHSCI, or NURSING courses, I have attached the necessary documentation (see page 1)
- I have read and understand the McMaster and BScN Program Transfer Credit Evaluations policies.
- I understand that, if I am granted transfer credits, I am responsible for adjusting my course enrollment before the deadlines stated in the McMaster Undergraduate Calendar for each term (if needed).

Student signature: _____ **Date:** _____

FOR OFFICE USE ONLY

LEAD(S) NOTIFIED Yes No by: _____ Date: _____

RESULT EMAILED SENT TO STUDENT by: _____ Date: _____

POSTED TO MOSAIC by: _____ Date: _____