



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES  
GRADUATE SCHOOL OF NURSING  
4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4799



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February 12, 2001

**Policy and Precedent #01-01**  
(as Amended 6 November 2002,  
and as Amended 21 January 2006)

**MEMORANDUM FOR FACULTY, STAFF, AND STUDENTS**

SUBJECT: Transfer of Academic Credits for the Uniformed Services University of the Health Sciences (USUHS), Graduate School of Nursing (GSN)

**1. Purpose**

This instruction establishes a USUHS GSN policy concerning the transfer of credits taken at a previous academic institution prior to admittance to USUHS to the current program of study at USUHS.

**2. Applicability**

This instruction applies to students enrolled in the GSN masters and PhD programs.

**3. Objectives**

Rarely will transfer credits be granted for core courses due to the military federal uniqueness of the Uniformed Services University; however, on a case by case basis, courses will be reviewed for consideration of transfer credit. A grade of B or better must be achieved in the course(s) to be considered for transfer of credit. If approval is granted, a maximum of six (6) credits for the master's program options will be allowed to be transferred into the program of study. Generally, no more than nine to twelve (9-12) credits will be allowed for the PhD program.

**4. Responsibilities**

a. The student will:

- (1) Provide the Program Director with the following documents no more than one (1) month prior to the starting date of the student's respective program:

- Course description
  - Course syllabus
  - Transcript and grade obtained from course
- (2) Complete the “Request for Transfer Credit” (Attachment A) and submit to the respective Program Director for review.
  - (3) Complete the above process for each course requested to be reviewed for consideration of transfer credit.
- b. The program directors will:
- (1) Review the student request for transfer credit.
  - (2) Submit documents (4a.(1). and 4a.(2) to appropriate course coordinator.
- c. The course coordinator will:
- (1) Review documents submitted by program director
  - (2) Evaluate documents for course equivalency.
  - (3) Complete the “Transfer Credit Review” (Attachment B) and submit to program director.
- d. The program director will then:
- (1) Sign the transfer credit review.
  - (2) Notify student requesting transfer credit of the final decision.
  - (3) If transfer credit is approved, distribute copies of all documentation to:
    - (a) Student requesting transfer credit
    - (b) GSN student file
    - (c) Registrar’s office
- e. If transfer credit is approved, the grade obtained from that course will **not** be factored into the cumulative GPA for course work taken while enrolled in the GSN at USUHS but it will fulfill the curriculum requirement within the program of study.

5. This Policy and Precedent is effective immediately.



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PATRICIA HINTON-WALKER, PhD, RN, FAAN  
Professor and Dean  
Graduate School of Nursing

Enclosures:

Attachment A – Request for Transfer Credit Consideration

Attachment B – Transfer Credit Review



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DATE: \_\_\_\_\_

**MEMORANDUM FOR RECORD**

SUBJECT: Request for Transfer Credit Consideration

TO: Program Director: PhD RNA CNS FNP (Circle One)

FROM: \_\_\_\_\_

**1 Requesting transfer credit for the following GSN course:**

GSN Course Number and Title: \_\_\_\_\_

**2. Course for consideration from a previous academic institution:**

Course Number and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Inclusive Dates of Course: \_\_\_\_\_

**2. Attach the following documents:**

- Course Description
- Course Syllabus
- Transcript of Grade Obtained

**4.** If this course is approved for transfer of credit, please note that the grade obtained from that course will **not** be factored into the cumulative GPA for course work taken while enrolled in the GSN at USUHS.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_



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DATE: \_\_\_\_\_

**MEMORANDUM FOR RECORD**

SUBJECT: Transfer Credit Review

TO: Program Director: PhD RNA CNS FNP (Circle One)

FROM: (Course Coordinator) \_\_\_\_\_

1. **Review of transfer credit for:**  
GSN Course Number and Title: \_\_\_\_\_

2. **Course for consideration from a previous academic institution:**  
Course Number and Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Inclusive Dates of Course: \_\_\_\_\_

3. **The following documents were reviewed:**  
Course Description  
Course Syllabus  
Transcript of Grade Obtained

4. **Decision:**  
Approved \_\_\_\_\_  
Not Approved \_\_\_\_\_

5. **Rationale for the above decision:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Course Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
Program Director: \_\_\_\_\_  
Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Concur: \_\_\_\_\_  
Non Concur: \_\_\_\_\_