

**SCHOOL OF NURSING
UNIVERSITY OF ALABAMA AT BIRMINGHAM
GRADUATE STUDIES**

Request For UAB Non-Degree Credit To Be Accepted As Graduate Credit

NAME _____ DATE _____ BlazerID/B# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ EMAIL _____

PROGRAM / SPECIALTY TRACK (CONCENTRATION) _____

I am requesting the following non-degree courses taken at UAB be accepted toward my degree:

COURSE PREFIX & NUMBER	GRADE	TERM/YEAR TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this form to the Office of Student Success by email at sonstudaffrs@uab.edu

FOR OFFICE USE ONLY

Approval of the request as stated above is:

_____ Denied for the following reasons:

_____ Granted with the following condition(s):

- Satisfactory completion of 12 semester hours at the UAB School of Nursing with a grade of "B" or better.
- Receipt of an official transcript reflecting the approved course (Transcripts should be sent to the UAB School of Nursing by email at sonadmissions@uab.edu)

Signature, Master/Doctoral Program Director

Date