



Name: _____

Date: _____

Transfer of Credit Request

Please indicate the courses for which you are requesting transfer of credit by completing the table below. Courses accepted for transfer of credit must be of comparable content/practicum as those courses offered within Trinity Health System School of Nursing. Transferred coursework must have been successfully completed with a course grade of C or above, verified by official transcripts.

College Courses Offered Within Trinity School of Nursing Curriculum	Grade	Course Number and Course Title	College
BIO102 Anatomy & Physiology			
BIO203 Principles of Microbiology			
PSY101 General Psychology			
SOC101 Intro to Sociology			
PSY205 Human Growth & Development			
Other:			