

**Trinity Health System School of Nursing  
Steubenville, Ohio**

**NAME:** \_\_\_\_\_

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

**Transfer of Credit Request**

**This form must be submitted if you want to receive transfer credit. 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. If you are planning to take a course in the Spring or Summer semester, please indicate that also. You must send an updated transcript when that course has finished.**

<b>College Courses Offered Within Trinity School of Nursing Curriculum</b>	<b>Grade</b>	<b>Course Number and Course Title of Course that you took</b>	<b>College</b>
BIO 2114 Anatomy/Physiology			
BIO 2120 Microbiology			
PSY 1120 General Psychology			
SOC 1110 Sociology			
PSY 1130 Human Development			
Other:			