

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Please ensure that you have reviewed the applicable course regulations prior to submitting this form.

Transfer credit requested for:

Post-Masters Diploma: Nurse Practitioner (PMD:NP)—maximum 3 courses - 9 credits

Master of Nursing: Nurse Practitioner (MN:NP)—maximum 5 courses (15 credits)

Master of Nursing: Generalist (MN: GEN)— maximum 5 courses (15 credits)

Master of Nursing: Generalist—15 credits with completed **Post-Baccalaureate Nurse Practitioner Certificate**

Master of Health Studies (MHS)— maximum 5 courses (15 credits)

Master of Counselling (MC)—maximum 4 courses (12 credits)

Post-Baccalaureate Diploma in Counselling (PBDC)—maximum 2 courses (6 credits)

Post-Masters Certificate in Counselling (PMCC)—maximum 1 course (3 credits)

**Note:** The maximums provided here are inclusive of prior advance credit or on-campus course electives.

**Choose the type of transfer credit evaluation:**

A Completed Program (E.g. Post-Baccalaureate Nurse Practitioner program)

Individual Course(s)

Please submit your completed form to us at:

Athabasca University,  
Faculty of Health Disciplines  
1 University Drive, Athabasca, AB T9S 3A3  
OR Fax: 780-675-6468  
[fhdgradadvise@athabascau.ca](mailto:fhdgradadvise@athabascau.ca)

**SIGNATURE** (Required for all pages):

I confirm that the information provided on this form is accurate and complete.

Signature: \_\_\_\_\_

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

EVALUATION OF A **COMPLETED PROGRAM** (Post-Baccalaureate Nurse Practitioner or MN:NP specialized)

**REQUIRED ATTACHMENTS:**

An official transcript (if not already submitted)

A [Credit Card Payment Form](#) for the Evaluation Fee (email [fhgradadvise@athabascau.ca](mailto:fhgradadvise@athabascau.ca) for fee amounts)

Nurse Practitioner License

I am requesting transfer credit for the following, previously completed, program:

Name of Program/Credential \_\_\_\_\_

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

Date of Completion (Month and year): \_\_\_\_\_

**Rationale:**

EVALUATION OF **COMPLETED INDIVIDUAL COURSES**

**REQUIRED ATTACHMENTS:**

An official transcript (if not already submitted)

A [Credit Card Payment Form](#) for the Evaluation Fee (see website for fee details)

A course syllabus for each course and any other materials that may assist in the course evaluation (E.g. Course description, learning objectives, course materials, evaluation procedures, core topics covered)

Course syllabus is attached to this form for each course submitted for evaluation.

Yes

No

**SIGNATURE** (Required for all pages):

I confirm that the information provided on this form is accurate and complete.

Signature: \_\_\_\_\_

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

EVALUATION OF **COMPLETED INDIVIDUAL COURSES** (Continued)

Required for EVALUATION OF COMPLETED INDIVIDUAL COURSES only. Please complete the following information for each course submitted—printing additional copies of this page as needed. It is the applicant's responsibility to provide complete information about the course for which transfer credit is sought as we are unable to process incomplete submissions.

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

Course Number (include prefix): \_\_\_\_\_

Course Title: \_\_\_\_\_

Credits: \_\_\_\_\_ Transcript Grade: \_\_\_\_\_

Please identify the course for which credit is requested:

AU Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

If this course is not equivalent to an AU course, please explain why this course is appropriate for transfer credit as an elective in your program.

**Rationale:**

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

Course Number (include prefix): \_\_\_\_\_

Course Title: \_\_\_\_\_

Credits: \_\_\_\_\_ Transcript Grade: \_\_\_\_\_

Please identify the course for which credit is requested:

AU Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

If this course is not equivalent to an AU course, please explain why this course is appropriate for transfer credit as an elective in your program.

**Rationale:**

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**SIGNATURE** (Required for all pages):

I confirm that the information provided on this form is accurate and complete.

Signature: \_\_\_\_\_

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