

# Course Equivalency Petition



This form is used to request an exemption from or substitute for a nursing prerequisite or curricular course based upon previous coursework or experience.

**A separate form must be used for each course requirement you want evaluated.** Allow 4 weeks for processing and review. During the summer months and at the beginning of the semester, it may take longer for a request to be reviewed. The decision will be e-mailed to the address you list below.

All requests must include:

- An unofficial copy of relevant transcript(s) (no APAS reports), or, if you believe other experiences have given you knowledge comparable to that included in the course you want evaluated (e.g. work experience), provide supporting documentation fully describing the experience and how it meets the objectives for the course in question.
- A copy of the syllabus or course description from the school where the course was or will be taken.

Evaluation requests missing the above-listed items will not be reviewed.

**Name:** \_\_\_\_\_ **UMID (if applicable):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I am applying to the following program:  BSN  MN  PhD  Certificate program

OR  
I am an admitted/current student in the following program:  BSN  MN  DNP  Post-MS DNP  PhD  Certificate program

List the name of the prerequisite/curricular course in question, the course(s) you wish to use as a substitution, the institution where the class was (or will be taken), the term it was (or will be) taken, number of credits, and grade received:

Required Course	Substitute Course #	Substitute Course Name	Institution	Term	Credits	Grade

**Comments or other notes to support your request:**

**Note to Current BSN Students:** Do not use this form for course exemption for the University of Minnesota Liberal Education core and theme requirements. These policies are governed centrally for every college and undergraduate major at the University of Minnesota. For more information visit: [http://admissions.tc.umn.edu/AdmissionInfo/trans\\_evaluation.html](http://admissions.tc.umn.edu/AdmissionInfo/trans_evaluation.html).

**FOR OFFICE USE ONLY - Evaluation Decision**

Advisor Recommendation:  Approve  Deny

Comments: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluation Decision:  Approved  Deny

Comments: \_\_\_\_\_

Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form & materials to:**

U of MN School of Nursing  
5-160 Weaver-Densford Hall  
308 Harvard Street SE  
Minneapolis, MN 55455

Phone: 612-625-7980  
Fax: 612-625-7727  
[www.nursing.umn.edu](http://www.nursing.umn.edu)

