



Gap Analysis Form

Name: _____ Degree/Specialty Track: _____ FNU ID: _____

First Term & Year of Program: _____ Academic Advisor: _____

Advanced Practice National Certification Previously Completed: _____

Name of Previous Institution(s): _____

Instructions :

1. This form is to be used by current FNU students in instances where the student has external work that meets course and program objectives, but does not qualify for Course Transfer Credit (e.g. a DNP student who doesn't have a 1:1 course to transfer for FNU's Nurse as Educator course but has an MS degree in Nursing Education).
2. Review the FNU Course Descriptions, found in the [FNU Catalog](#), and current FNU syllabi, accessed via the [FNU Portal](#), to confirm that your previous academic and/or professional work meets the essential content of the courses required in the current FNU program of study.
3. The form should be completed after a thorough analysis of completed coursework and clinical experiences compared with the program requirements and national competencies necessary for certification. It is the student's responsibility to understand the national certification and board licensure requirements for their intended future practice.
4. Complete this form and submit it and appropriate documentation (e.g. course syllabi or program description) of the work completed, to Registrar's Services (registrar@frontier.edu). Forms that are submitted without documentation will not be reviewed.
5. Your Department Chair or Program Director will review your request, contact you for additional information as needed, and make a determination. Please note, the decision of the Chair or Program Director is final.
6. **The form and appropriate documentation should be scanned and emailed to registrar@frontier.edu, preferably from your @frontier.edu email account.**

To be completed by the Student		Completed by Department Chair or Program Director	
FNU Course(s) and/or degree requirements requested for Gap Analysis	List External Course(s) or degree from non-FNU transcript deemed to adequately satisfy the content	Decision	Additional Notes (if needed)
EX1: PC701	EX1: Health Promotion and Disease Prevention and Evidence Based Practice	EX: [Not/Approved]	EX1: NA

GAP Analysis Performed by (Printed Name & Title)

Date:

Signature of Department Chair/Program Director:

Date:

(Receipt of this form via the Department Chair/Program Director's FNU email address qualifies as a signature.)