

Frontier Nursing University
COURSE TRANSFER FORM

Name: _____ Class: _____

Date: _____

Instructions: Student must complete top section of form and forward to Course Coordinator with supporting documentation.

FNU Course Number & Title: _____ **Credits:** _____

Transfer Course Number & Title: _____ Credits: _____

Year taken: _____ Final Grade: _____

This Section to be completed by FNU Faculty, then submitted to Registrar.

Course Description covers same content as FNU course:

- Yes
- No
- Most

Differences in content (describe): _____

Course Objectives similar to FNU course:

- Yes
- No
- Most

Differences in objectives (describe): _____

Course Content covers same areas as FNU course:

- Yes
- No
- Most

Differences in content (describe): _____

Course may be transferred in to meet the objectives of the FNU course:

- Yes**
- No**

Program Director Signature: _____

Frontier Nursing University
Registrar's Course Transfer Notice

Name: _____	Class: _____
Date: _____	

Instructions: For each course to be reviewed, complete and submit Notice with Transfer Fee to: FNU, ATTN: Registrar, 195 School Street, P.O. Box 528, Hyden, KY 41749. Transfer Fee must be received before Faculty Course Coordinator will review a course.

FNU Course Number & Title: _____	Credits: _____
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Transfer Course Number & Title: _____ Credits: _____

Year taken: _____ Final Grade: _____

Transfer Fee enclosed:

- Yes
- No