



Request to Transfer Clinical Hours

Please see current catalog or handbook for all regulations and procedures related to the guidelines for clinical hours.

- * Request must be completed **within one year of admission, even for courses** taken previously at UNCP.
- * **All coursework over five (5) years old must go through the Appeals process.**
- * An official copy of the transcript (submission with your application to the Graduate School is sufficient) reflecting successful completion of clinical hours, a copy of the catalog description, and a copy of the syllabus which includes the clinical guidelines for the course must be submitted.

Name: _____ Program: _____

Email: _____ Phone Number: _____ Banner ID _____

I request review of previous post-baccalaureate clinical hours to be applied to the 1000 hour total required to graduate from the DNP program.

I understand that:

- I may be approved to transfer up to 500 clinical hours earned at the Masters Level. The remaining hours will be completed through coursework in the DNP program.
- Clinical hours must meet program objectives before they can be approved.
- I must submit this form, an official transcript reflecting the successful completion of the clinical hours under consideration (submission of my transcript with my application is acceptable), and a copy of the syllabus which includes the clinical guidelines for the course
- All rules for acceptance of transfer work established by the Graduate School apply
- I will submit my information to the Program Director of the DNP program for initial approval

1. Course prefix and #: _____ Course Name: _____

Number of Clinical Hours: _____ When taken: _____ Where taken: _____

2. Course prefix and #: _____ Course Name: _____

Number of Clinical Hours: _____ When taken: _____ Where taken: _____

3. Course prefix and #: _____ Course Name: _____

Number of Clinical Hours: _____ When taken: _____ Where taken: _____

Submit this form to the program director for review and signature, then submit the form to The Graduate School.

I approve the transfer of _____ clinical hours to the 1000 hour total required for graduation from the DNP program.

Program Director's Signature: _____

Date: _____