

Credit Waiver / Credit Transfer Request Form

DATE _____

NAME (printed)

Please list all names that may appear on transcripts, i.e., maiden name.

SS#

APPLICATION FOR CLASS BEGINNING: _____

GALEN PROGRAM OF INTEREST:

RN

BRIDGE OR ACCESS

LPN / LVN

Please check one of these two boxes:

I do not have or wish to submit any previous courses taken for approval as transfer credit to Galen. I understand that I still must submit proof of my high school or GED completion, and if applicable, LPN/LVN program transcripts.

-or-

I wish to submit previous college courses to be considered for transfer to Galen.

If you selected this option, please complete the chart on the back of this form. Use only the blue shaded areas of the chart. Copy and use an additional form if needed. The College Transcript Request Form on the next page must also be submitted for these credits to be considered for transfer to Galen. Credit requests will be reviewed and approved by Galen's Program Director.

APPLICANT SIGNATURE _____

Turn this form over to complete



Courses you are Requesting for Credit (Complete blue shaded areas only. Copy if additional forms are needed.)

APPLICANT COMPLETES BLUE SHADED AREAS

GALEN COMPLETES GRAY SHADED AREAS

COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		
COURSE	DATE COMPLETED	HOURS	COST
INSTITUTION WHERE COURSE TAKEN & GRADE	APPROVED / DENIED & REASON WHY		

GALEN PROGRAM DIRECTOR SIGNATURE

DATE