THE UT HEALTH SCHOOL OF NURSING
STUDENT REQUEST FOR: PETITION FOR EQUIVALENCY CREDIT (PEC)

(Documents that must be submitted: Course Description and Syllabus)
Students: Submit this form, along with your documentation to Tamika Tyler-Smith in the Student Affairs Office for processing. (FAX: 713.500.2107, mail to: 6901 Bertner, Room 220, Houston, TX 77030, or scan and email to: Tamika.R.Tyler@uth.tmc.edu   **Submit one petition for equivalency credit per each course!

Student's Name _____   **Student ID#** _____   **Date** _____

Program _____   **Student Advisor** _____

I REQUEST EQUIVALENCY CREDIT FOR UT SON COURSE:

NURS _____ _____   _____
     Course #　　　　**Title of Course**　　　　　　　　　　　　　　　　　　　　　　**Credit Hours**

For SAO Only: Course ID#:   __00_____

* *

TRANSFERRING SCHOOL _____

Course #	Title of Course	Cr Hrs		Grade		Tran-script		Term/Year Completed

Printed Name of UT SON Faculty Member to Review Course _____

* *
Course(s) listed above taken within the past 3 years (BSN), 5 years (MSN and DNP) or 7 years (PhD)? ___YES ___NO
For BSN level courses: This course is a Junior or Senior level course? (YES or NO)___YES ___NO.
* *

FULL APPROVAL _____   PARTIAL APPROVAL _____   DENIED _____
                                            # Credit Hrs

_____   _____
Signature, Faculty Member Reviewing Course   Date

_____   _____
Signature, Director, Student Affairs   Date

Comments:

FACULTY ASSESSMENT OF PETITION FOR EQUIVALENCY CREDIT OF NURSING CONTENT
(To be completed by Faculty)

THEORY COURSE	YES	VERY SIMILAR	NO	COMMENTS
Is the proportion of time spent on each topic equivalent to the UT course?				
Is the content depth equivalent to the UT course?				
Is there subject matter taught which is not covered in the UT course? List these topics:				
Are the written assignments required by the UT course addressed in the same or similar way in the student's course?				
For BSN level courses: This course is a Junior or Senior level course?				

* *

RECOMMENDATIONS:

Insufficient material for reasonable evaluation of course. _____

Grant equivalency credit. _____

Do not grant equivalency credit. _____

Grant partial equivalency credit (Please indicate # of credit hours) _____

If partial equivalency credit is granted, use this space for faculty comments: _____

COMMENTS:

Faculty Signature _____ Date _____