

RFUMS – PGC-AGACNP Request for Waiver of Required
Course **ROUTING FORM**

This form, **with all supporting materials**, should be initiated by the student/matriculant seeking to have previously completed coursework evaluated as acceptable for substitute for the NAAC 759 Health Promotion for Advanced Practice course in the RFUMS Post-Graduate Certificate Adult-Gero Acute Care NP Program plan of study. This approval process must be finalized prior to the start of the first quarter of study.

STEP # 1: This section to be completed by the student/matriculant, and then submitted to the Department Administrator with all required supporting documentation (Course Syllabus and copy of transcript showing completed course with a grade of "B" or better).

Your name, mailing address, e-mail address & telephone contact number:

Name & address of university where course was completed:

Name of RFUMS course and course number you are seeking to substitute with this request:

******* Student/Matriculant STOP HERE and submit to Department Administrator *******

STEP # 2: Course materials will be reviewed by the Course Director, and that individual will make the determination if the course content and assignments completed substantially meet the content scope, depth & breadth of the course outcomes of the course for which the student/matriculant is seeking a waiver of requirement.

- Course content is at the graduate level: Yes/No
- Course content appears to be wholly similar in scope, depth & breadth to requested course for waiver: Yes/No
- Course grade earned was 3.0 or greater on a 4.0 scale: Yes/No
- In review, submitted course materials appear to support acceptability for substitution: Yes/No

- If approved, signature of Course Director recommending waiver: _____
- Printed name of Course Director recommending waiver: _____
- Date of the review and/or decision to recommend waiver: _____

If not recommended for approval, provide brief explanation of reason:

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STEP # 3: Department Chair/Program Director review of waiver.

- Signature of Department Chair reviewing waiver request: _____
- Printed name of Department Chair reviewing waiver request: _____
- Date of the review and/or decision to approve/not approve waiver request: _____

Forward completed form to Department Administrator for processing. ***If not***

approved, provide brief explanation of reason:

STEP # 4: Documentation:

- Final decision reported to registrar
- Completed form and supporting materials to permanent file of student/matriculant
- If waiver approved, include notation of waiver on student's permanent plan of study document.