

**CIZIK SCHOOL OF NURSING AT UT HEALTH  
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](mailto: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 CSON COURSE:**

NURS \_\_\_\_\_  

Course #	Title of Course	Credit Hours
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For SAO Only: Course ID#: 00

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**TRANSFERRING SCHOOL** \_\_\_\_\_

Course #	Title of Course	Cr Hrs	Grade	Transcript	Term/Year Completed
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Printed Name of CSON Faculty Member to Review Course \_\_\_\_\_

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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.

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**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 CSON course?				
Is the content depth equivalent to the CSON course?				
Is there subject matter taught which is not covered in the CSON course? List these topics:				
Are the written assignments required by the CSON 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?				

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**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:

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**COMMENTS:**

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_