



National University
 School of Health and Human Services
 Department of Nursing

**Post graduate FNP or PMHNP Certificate
 Course Waiver Form**

Student Name: _____ Student ID # _____
 Admissions Advisor Name: _____ Date: _____
 Program: _____

Instructions: Complete form and submit with Program Application Packet to your Admissions Advisor. Attach course descriptions and copy of unofficial transcripts.

| Course | Year Taken/ Grade | Met by Outside Course | University Name |
|---|-------------------|-----------------------|-----------------|
| Advanced Nursing Practice Courses | | | |
| NSG 681 Advanced Physical Assessment <i>(within 5 years)</i> | | | |
| NSG 682 Advanced Pathophysiology <i>(within 7 years)</i> | | | |
| NSG 641 Advanced Pharmacology I <i>(within 5 years)</i> | | | |
| FNP or PMHNP Specialty Courses | | | |
| Course | Year Taken | Met by Outside Course | University Name |
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NOTE TO STUDENT & ADVISOR: This course waiver request must also be approved by the Office of the Registrar in addition to faculty approval. Please work with your Admissions Advisor to submit this request via the Course Waiver e-form in the SOAR Portal once you have been formally evaluated. You will be notified via email when the course waiver has been reviewed and a decision is made.

As Academic Program Director of the Post Graduate **Family Nurse Practitioner/ Psychiatric Mental Health Nurse Practitioner** Certificate program at National University, I approve the above course waivers into National University.

X _____ Name: _____ Date: _____

Academic Program Director of Post-Graduate FNP/PMHNP Certificate

Attached course descriptions