



Faculty of Health Sciences
School of Nursing
BScN Program

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L8S 4K1

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<http://www.fhs.mcmaster.ca/nursing>

Nursing Internal Application

Please Print

Name: _____

Program Currently Registered: _____

D.O.B.: ____/____/____
 D M Y

Student Number: _____

Mailing Address: _____

Email: _____

Alternate Email: _____

- Accelerated Stream
- Basic Stream

I wish to apply internally to the Nursing Program at McMaster University. I give permission to the BScN Program to access my transcripts and file information. This form must be submitted by February 1, 2017.

Signature

Date

Please submit to Vicki Benedetti, Admissions Coordinator, McMaster University, 1280 Main Street West, HSC 2J34L, Hamilton, On L8S 4K1. Fax to (905) 524-5454.

