McMaster University

Faculty of Health Sciences
School of Nursing
BScN Program

1280 Main Street West
Hamilton, Ontario, Canada
L8S 4K1

Phone 905.525.9140
Fax 905.525.1963
http://www.fhs.mcmaster.ca/nursing

NURSING INTERNAL APPLICATION

REQUEST TO TRANSFER IN TO THE BScN NURSING PROGRAM

Please note: if you are in your graduating year, **do not** complete this form. You must complete the Returning Student Application.

STUDENT NAME: _____

STUDENT NUMBER: _____

CURRENT PROGRAM & LEVEL: _____

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

ADDRESS DURING TERM: _____
_____

_____

McMASTER EMAIL: _____

PHONE NUMBER: _____

STREAM APPLYING TO:

- 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. The deadline date for receipt of this form is F**ebruary 1, 2019**.

_____ _____

Student Signature Date

Please submit to Admissions Coordinator, McMaster University,1280 Main Street West, HSC 2J36, Hamilton, On L8S 4K1. Fax to (905) 570-0667, email to bscnprog@mcmaster.ca .

School of Nursing