

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: _____

McMASTER STUDENT #: _____

CURRENT PROGRAM & LEVEL: _____

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

CURRENT STATUS IN CANADA: _____

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 **February 1, 2021**.

Student Signature

Date

Please submit to Admissions Coordinator, McMaster University, email to bscnadm@mcmaster.ca.