McMaster University | School of Nursing

Faculty of Health Sciences
1280 Main Street West, HSC 2J20
Hamilton, ON L8S 4K1

(905) 525-9140 x 22407
nursing.mcmaster.ca

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, 2022**.

_____ _____
Student Signature Date

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