

## 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 for McMaster University.

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, 2025**.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please submit to Admissions Coordinator, McMaster University, email to [bscnadm@mcmaster.ca](mailto:bscnadm@mcmaster.ca).