

**UNIVERSITY OF VIRGINIA SCHOOL OF NURSING
GRADUATE PROGRAM: Transfer Request**

Date Submitted _____

Semester _____

Directions:

1. Complete this form.
2. Discuss goals/plans with coordinator of **current** track and get signature of approval
3. Discuss goals/plans with coordinator of **desired** track and get signature of approval.
4. Submit approved transfer form to the School of Nursing Registrar.
5. If the transfer is not approved, discuss goals/plans with coordinator of current track.

Name: _____ **Computing ID:** _____

Current Mailing Address: _____

Telephone: _____

- Master's Student
 Post-Master's Student

Area in which I am currently enrolled:

- Adult-Gerontology Acute Care CNS
 Adult-Gerontology Acute Care NP
 Family NP
 Health Systems Management
 Pediatric NP
 Psychiatric-Mental Health NP
 Public Health Nursing Leadership
 Public Health Nursing Leadership with NP

Area in which I would like to transfer:

- Adult-Gerontology Acute Care CNS
 Adult-Gerontology Acute Care NP
 Family NP
 Health Systems Management
 Pediatric NP
 Psychiatric-Mental Health NP
 Public Health Nursing Leadership
 Public Health Nursing Leadership with NP

I plan to register as a **full** time student
 part time student.

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What courses have you completed in the MSN program?

In what master's level courses are you currently enrolled?

STATEMENT OF REASONS FOR WISHING TO TRANSFER: On a separate sheet of paper, provide a clear statement of your educational and professional goals and their fit with the University of Virginia SON Graduate Program. In addition, address the client population with whom you wish to develop expertise. Please type this statement.

Signatures of Approval:

Coordinator of Current Track

Coordinator of Requested Track

Name of New Faculty Advisor for Student

Date of Approval

Date of Approval

Approval of Senior Assistant
Dean for Academic and
Student Services:

Signature

Date

UPDATED: Summer 2013