Internal Transfer Application

Connell School of Nursing

BOSTON COLLEGE 21ÀFH RI 6WXGHQW

Students who are already enrolled in the College of Arts and Sciences, Carroll School of Management, and the Lynch School of Education may apply at the end of their rst year or later. All students who intend to apply for transfer into the Connell School of Nursing must contact the associate dean of the undergraduate nursing program to discuss their intentions and be added to the wait list. The number of students in CSON is limited and acceptance is not guaranteed.

Eagle Number	Today's Date:	
Name:		
Last	First	Middle
Local Address:	Home Address:	
Local Telephone:	Home Telephone:	
Cellphone Number:	BC Email Address:	
Indicate present school: T College of Arts and Sciences T Carroll School of Management T Lynch School of Education		
Current year of graduation:		
Indicate present major(s)/concentration(s):		
I am applying for an internal transfer beginnimthe (check one): T	Fall T Spring semester of the 20 20) academic year.
Application Due Dates: s Freshmen: End of spring semester for September admiss s All others: December 1 for January admission; end of spr		
Criteria for Internal Transfer to School of Nursing: s Ordinarily, a student will be expected to have a cumulative s An academic record with no de ciencies.	e average of at least 3.0.	
Science Courses: s The following sciences are prerequisite to nursing course Anatomy and Physiology I and II with labs Life Science Chemistry with lab (or 1 semester of an You may need to take science courses during the sur	organic chemistry with lab)	
Nursing Courses s Except for NU 070, Professional Nursing I, only nursing m	najors may register for "NU" courses.	
Dean's Signature:		
Student's New Class:		
Date:		

n a short essay, please describe why you have decided to major in nursing.
Noti cation of our decision about internal transfer will be sent to you. Unless you specify otherwise, notice of acceptance or non-acceptance will be mailed to your home address.
hereby give permission to the School of Nursing to have access to my academic folder in my Dean's Of ce and to a transcript of my academic work a Boston College.
Name: Date:
(signature)

Internal Transfer Application