



### Nursing (AAS) Transfer Request Form

|                |                  |
|----------------|------------------|
| NAME:          | Student EMPL #   |
| ADDRESS:       |                  |
| VCCS Email:    | Alternate email: |
| PHONE: Primary | Alternate        |

Please answer the following questions in a letter to the Nursing Admissions Committee:

- 1) Reason for transfer request.
- 2) Your plan to be successful in the nursing program of study leading to graduation.

**Current Curricular GPA:** \_\_\_\_\_

#### Statement of Review and Understanding

Virginia Western Nursing (AAS) program information:

<https://www.viriniawestern.edu/academics/health-professions/nursing/>

I have reviewed the nursing program information including curriculum, estimated costs, expected qualities for success, program outcomes, licensure disclosure and *Nursing Student Handbook* at the link above. I acknowledge the program policies and procedures as listed in the *Nursing Student Handbook*. I am requesting transfer to the nursing program at Virginia Western and understand that I am subject to the policies contained there-in.

**I have confirmed that I am a student in good standing from my transferring Nursing program and have provided documentation of my standing, official transcripts (including High School transcripts) and clinical experiences/ hours to date.**

I understand that all transfer requests are subject to availability of seats in the program as well as all clinical placement requirements.

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

Date: \_\_\_\_\_

#### Notice of Non-discrimination for Nursing (AAS) Program

<https://www.viriniawestern.edu/about/legal-and-policies/notice-of-non-discrimination/>