MSN and Post-Master’s Specialty Track Enrollment/Transfer Form

Directions:

1. **Complete this form by October 31 of the year prior to the first clinical course of the desired track.**
2. Discuss goals/plans with academic advisor of current track and get signature of approval.
3. Discuss goals/plans with academic advisor of desired track and get signature of approval.
4. Students may be required to submit extra essays and go through an additional interview process.
5. Submit approved transfer form to the School of Nursing Registrar.
6. If the transfer is not approved, discuss goals/plans with coordinator of current track.

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**Name:** ____________________________  **Computing ID:** ____________________________

**Current Mailing Address:** ______________________________________________________

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**Telephone:** ____________________________

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**Current Program:**

☐ MSN  ☐ Post-Master’s

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**Track in which I am currently enrolled:**

☐ Adult-Gero Acute Care CNS  ☐ Adult-Gero Acute Care CNS
☐ Adult-Gero Acute Care NP  ☐ Adult-Gero Acute Care NP
☐ Adult Gero Acute Care CNS/NP  ☐ Adult-Gero Acute Care CNS/NP
☐ Clinical Nurse Leader  ☐ Clinical Nurse Leader
☐ Family NP  ☐ Family NP
☐ Pediatric NP  ☐ Pediatric NP
☐ Psychiatric-Mental Health NP  ☐ Psychiatric-Mental Health NP

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**Track to which I would like to transfer:**

☐ Adult-Gero Acute Care CNS  ☐ Adult-Gero Acute Care CNS
☐ Adult-Gero Acute Care NP  ☐ Adult-Gero Acute Care NP
☐ Adult-Gero Acute Care CNS/NP  ☐ Adult-Gero Acute Care CNS/NP
☐ Clinical Nurse Leader  ☐ Clinical Nurse Leader
☐ Family NP  ☐ Family NP
☐ Pediatric NP  ☐ Pediatric NP
☐ Psychiatric-Mental Health NP  ☐ Psychiatric-Mental Health NP

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I plan to register as a:  ☐ full-time student  ☐ part-time student
What courses have you completed to date?

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. Be sure to address the client population with whom you wish to develop expertise. Please type this statement, sign it, and submit it with this form.

**Signatures of Approval:**

Faculty Advisor

Date of Approval

Coordinator of Current Track (if applicable)

Date of Approval

Coordinator of Requested Track

Date of Approval

Student Signature

Date

**Approval of Senior Assistant Dean for Academic and Student Services:**

Signature

Date

**UPDATED:** April 2015