



Last Name: _____

INTRA-UNIVERSITY TRANSFER APPLICATION

Please fill out this form completely and return it to the Office of Admissions and Student Services, First Floor, Claude Moore Nursing Education Building, School of Nursing (in person or by mail: P.O. Box 800826, Charlottesville, VA 22908), no later than February 1 of the year you wish to enter. If you have questions: (434) 924-0066 or Austin Stajduhar, ans6n@virginia.edu. Applicants will be notified of decisions by e-mail.

Section A: Demographic Data

Name:	UVa E-mail address:
Date of birth:	Present School/Year (e.g. CLAS II, SEAS II):
Local Address:	Local telephone:
Permanent Address:	Permanent telephone:
Previous Application: Have you previously applied for admission to the School of Nursing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Residence: Are you classified as a Virginia domiciliary for tuition purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race or Ethnicity (optional): check one or more <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other </div> <div style="width: 45%;"> <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White </div> </div> <p style="font-size: small; margin-top: 10px;">The University of Virginia considers applicants on the basis of their qualifications and does not discriminate with regard to age, color, national origin, race, religion, marital status, or sex; information requested on these subjects is for the reports the University makes and provides to Federal and other agencies collecting data to assure equal opportunity. Provision of ethnicity data is voluntary; the applicant's response will not adversely affect consideration of the application.</p>	

Section B: Additional Questions for Transfers Only

<p>1. By the end of August 2017, will you have completed Human Anatomy and Physiology I?</p> <p>If yes, please list where and when you took the course and the course number:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. By the end of August 2017, will you have completed Human Anatomy and Physiology II?</p> <p>If yes, please list where and when you took the course and the course number:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. By the end of August 2017, will you have completed Microbiology?</p> <p>If yes, please list where and when you took the course and the course number:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. By the end of August 2017, will you have completed a college-level Chemistry course?</p> <p>If yes, please list where and when you took the course and the course number:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Is there any additional information or classes that you would like us to know about? (please attach another page if you need more space)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C: Previous Education

High School Attended:	
Date of High School Graduation:	
High School GPA & rank (if available):	
List other colleges attended, and any	

previous degrees earned:	
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Section D: University of Virginia

Spring 2017 Semester Courses: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
GPA: 1 st year 1 st semester
GPA: 1 st year 2 nd semester
GPA: 2 nd year 1 st semester
GPA: Cumulative

Section E: Activities and Experience

Extracurricular activities at the University of Virginia (Student Government, office(s) held, Madison House, etc.) 1. _____ 2. _____ 3. _____ 4. _____
List experiences you have participated in that are relevant to the nursing program (e.g., rescue squad, nursing home, hospital, etc.) 1. _____ 2. _____ 3. _____ 4. _____

Section F: Additional Requirements

Academic History

Please attach an unofficial transcript from the SIS.

Professional Goals

Attach a 2 page, double-spaced personal statement. In your statement, please include your explanation of why you want to be a nurse, please demonstrate that you know a bit about what it means to be a nurse, and please discuss your future professional nursing plans after graduation.

References (OPTIONAL)

You may also attach or send reference letters to the School of Nursing Office of Admissions and Student Services.

Signature

I understand that my admission is contingent upon successful completion of all prerequisite course requirements.

Signature

Date

Checklist

- Did you fill out the entire application?
- Did you attach your unofficial UVA transcript?
- If you took any of the prerequisites outside of the University, did you attach an unofficial or official transcript for these courses?
- Did you attach a Professional Goals statement?
- Did you attach at least one letter of recommendation?
- Did you sign your name?

Please deliver or mail this application so that it arrives February 1st to:

Office of Admissions and Student Affairs
Claude Moore Nursing Education Building, Room 1025
University of Virginia School of Nursing
P.O. Box 800826
Charlottesville, VA 22908