**Request for Transfer from Collaborative Site Form**

|  |
| --- |
| This form is for students requesting a transfer from a Collaborative site to the University of Alberta. In order for your transfer to be considered, you must meet the following criteria:  |

* a **minimum cumulative GPA of 3.0**,
* no previous failures in clinical courses and
* compelling extenuating personal circumstances that would severely limit or prevent completion of degree at the college site.

|  |
| --- |
| Before you complete the form, you should be aware of the following |
| Process for Transfer from Collaborative Site: * All transfers from a partner site must be vetted through the Program Chair or Assistant Dean,
* The student requesting the transfer must complete the Request for Transfer from Collaborative Site Application (this form).
* Attach a current transcript prior to consideration of transfer,
* The student requesting the transfer must meet with the Assistant Dean, or delegate, at the University of Alberta before the decision is made.

It is your responsibility to ensure that you clearly articulate the details of your extenuating circumstances. If the form is fully completed, the request will be considered by the Assistant Dean (or designate), Undergraduate Programs. The information you provide may be forwarded to relevant staff in the Faculty of Nursing to enable them to respond.The Assistant Dean (or designate), Undergraduate Programs will request a meeting with you to discuss the circumstances and/or grounds for your transfer.  |

**Please note:** If you cannot enter texts in fields, in top header section click **View – Edit Document** to open the fillable sections of the form.

**Student Details**

|  |  |
| --- | --- |
| **Full Name:**  | Click or tap here to enter text. |
| **Student ID#:**  | Click or tap here to enter text. |
| **Email:**  | Click or tap here to enter text. |
| **Phone:** | **Res:**  | Click or tap here to enter text. | **Business:** | Click or tap here to enter text. |
| **Program of Study:** | Click or tap here to enter text. |
| **Year of Study:** | Click or tap here to enter text. |
| **Collaborative Site:**  | Click or tap here to enter text. |

**Please Note:** We will contact you on your University email address. **It is your responsibility to check your email account regularly for correspondence relating to your transfer.**

**Extenuating Circumstances Summary**

You are required to complete below a short summary of why you are requesting a transfer to the University of Alberta from your Collaborative site.

|  |
| --- |
| Click or tap here to enter text. |

**Signature:**

|  |  |
| --- | --- |
| **Full Name:**  | Click or tap here to enter text. |
| **Signature:**  | Click or tap here to enter text. |
| **Date:**  | Click or tap here to enter text. |

|  |
| --- |
| **Once you have completed the forms, email this form with a copy of your current transcript for your request from your University of Alberta (or collaborative site) email** **to** **nursing.ugoffice@ualberta.ca****.** Ensure that you keep a copy of the transfer request form for your records.  |