

FAIRFIELD UNIVERSITY
SCHOOL OF NURSING
UNDERGRADUATE PROGRAM

**REQUEST TO TRANSFER FROM THE ACCELERATED 2ND DEGREE PROGRAM
TO THE 9-MONTH (GENERIC) B.S.N. PROGRAM OPTION**

STUDENT INFORMATION (submit academic transcript with this form)

NAME _____ ID # _____ Current QPA _____

RATIONALE FOR THE REQUEST (use other side if necessary):

(Student signature)

(Date)

REVIEW BY THE FACULTY ADVISOR:

I have discussed this request with the student, reviewed her/his record, and reviewed the rationale provided above.
I DO _____ DO NOT _____ support this request. (Use other side to comment, particularly on non-approval).

(Signature)

(Date)

REVIEW BY THE UNDERGRADUATE PROGRAM DIRECTOR

I have reviewed this request and the advisor's recommendation. I DO _____ DO NOT _____ approve this request for "transfer." (Use other side to comment, particularly on non-approval).

(Signature)

(Date)

REVIEW BY THE DEAN/ASSISTANT DEAN:

I have reviewed this request and the undergraduate Program Director's recommendation. Based on the available spaces in the class(es) in question, I DO _____ DO NOT _____ approve this request for "transfer." (Use other side to comment, particularly on non-approval.)

(Signature)

(Date)