APPLICATION INSTRUCTIONS

Application deadline for Fall semester: April 1
Application deadline for Spring semester: October 1

School of Nursing Minimum Transfer Requirements:
1. 3.0 GPA
2. A "C" or better in all requested transfer coursework

Please note that transfer students cannot be accepted into nursing clinical courses during the first semester of attendance in the School of Nursing.

You will be notified as soon as a decision is made. Final decisions MAY not be made until final semester grades are received.

In order to consider your intention to transfer into the School of Nursing, we require the following:
1. Meet with your current advisor to complete the following tasks:
   - advisor to sign completed School of Nursing Internal Transfer Application
   - advisor to sign completed Duquesne University Internal Transfer Form (advisor has this form)
   - advisor to print a copy of your current Duquesne transcript

2. Complete an essay (1-3 typed pages) in which you explain:
   (a) why you wish to transfer into Nursing
   (b) the interests, strengths, and accomplishments that you would bring to Nursing
   (c) your personal and professional goals.

3. Submit your application packet to Gina Plocki, 545A Fisher Hall, by the deadline date (see above). Packet MUST include the following:
   - completed School of Nursing Internal Transfer Application
   - completed Duquesne University Internal Transfer Form
   - essay
   - current Duquesne transcript
   - copy of any additional college transcripts
   - one reference letter from a Duquesne University professor

Incomplete applications will not be considered.

4. The School of Nursing Admissions Committee will review your high school and college records previously submitted to the University.

5. If you do not meet this criteria, contact Gina Plocki, Nursing Recruiter to schedule a personal interview.
   412-396-6534 plockir@duq.edu
INTERNAL TRANSFER APPLICATION

Application Date: _______________________

Name: ____________________________________________

Last               First               Middle

Local Address: ____________________________________________

Street or Apt. or SMC #

____________________________________________________

City                        State                        Zip

Permanent Address: ____________________________________________

Street

____________________________________________________

City                        State                        Zip

Preferred mailing address?  ❑ Local  ❑ Permanent

Phone: ____________________________  ❑ Cell  ❑ Home

Duquesne Email Address: ____________________________________________

Alternate Email Address: ____________________________________________

Duquesne University ID #: ____________________________________________

Are you an international student?  ❑ No  ❑ Yes

Current School at Duquesne University: ____________________________________________

Current GPA: ____________________________ Credits Completed: ____________________________

List courses in which you are currently enrolled:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Current Academic Advisor Signature: ____________________________________________

Student Signature: ____________________________________________