

**CAYUGA COMMUNITY COLLEGE
NURSING TRANSFER REQUEST**

Name _____

Current Address _____

Phone _____

Email _____

Nursing School Previously Attended _____

Director of Nursing _____

Phone _____

Address _____

Date of attendance _____

Reason for not completing program at this school. Attach separate document if needed.

Applicant Signature

Date

Please contact the Director of Nursing for an interview. Please submit the following to the Director of Nursing with this request form:

- Nursing 101 Course Syllabus from transferring institution
- Letter from Director of Nursing at previous program stating you exited the program in good standing as evidenced by no incidents of unprofessional or unsafe behavior
- Copy of official academic transcript from transferring institution

This form and accompanying documents must be received by the Director of Nursing by the October 31 application deadline. Application, two reference forms, and evidence of pre-requisites official transcripts must be submitted to the Office of Admissions by the October 31 deadline.