

Austin Community College
Vocational Nursing Program
Request for Transfer

Student Name (Printed): _____

SS# or ACC ID#: _____

Date Submitted: _____

Date of Withdrawal from previous program attended: _____

List the level/courses (nursing) completed at previous program attended:

Are you eligible for readmission to the previous nursing program?
If no, state the reason.

Describe the situation surrounding your withdrawal from the previous nursing program.

Describe activities since the time of withdrawal from the previous program attended that will change the situation (counseling, decreased work hours, remedial classes etc.)

Include:

- ___ Letter from director of previous program indicating eligibility for readmission to that program.
- ___ Letter of recommendation from a previous clinical faculty.
- ___ Course descriptions, course objectives/syllabi and transcript for all courses completed.

ADDRESS TO WHICH NOTIFICATION OF DECISION LETTER IS TO BE SENT.
Please be aware that failure to notify the school of any address changes could result in not receiving notice of admission.

Street Number/Name or PO Box _____

City, State, and Zip Code: _____

Phone Number (include area code): _____

Second Phone Number: _____

Email Address: _____

Signature: _____

Please send your request to:
Sandra McCrary Marshall
Admission and Progression Committee
Vocational Nursing
3401 Webberville Road
Austin, TX 78702
marshall@austincc.edu