

STUDENT INFORMATION

Last Name: _____

Reference Number (Finance Only): _____

First Name: _____

Current Program:

Student ID Number: _____

Email Address: _____

New Program:

Phone Number: _____

IMPORTANT

- If **changing to a Thesis Route**, please submit a 500 word Thesis Route Letter of Interest outlining anticipated program and thesis timelines, and describing the area of research focus for the thesis.
- If **changing from MHS to MN:GEN**, you must have a BN, BSN, Bachelor of Technology with a specialty in Nursing (UBC), or a BScN. Both fees are required.
- If **changing to an NP Program**, please include the following with your form submission:
 - a. Proof of Current Registered Nursing license.
 - b. Basic Life Support (BLS) certificate
 - c. AU Transcripts
 - d. A current CV
 - e. A typed personal essay explaining why you should be admitted to this program (describe your interest in primary healthcare—under 500 words.
 - f. Letter of verification confirming 5000 hours of recent clinical practice as a Registered Nurse (from your employer or college of registered nurses).

PAYMENT AND SIGNATURE

I am enclosing the Application Fee, which I understand is non-refundable.

I am enclosing the Admission Fee, which I understand is non-refundable.

Student Signature: _____

Date: _____

Please direct your completed form and any questions you may have to the applicable Program Office:

Nursing and Health Studies Students:

Faculty of Health Disciplines
Athabasca University
1 University Drive
Athabasca, AB T9S 3A3
Email: cnhsgrad@athabascau.ca
Fax: 780-675-6468

OR

Counselling Students:

Faculty of Health Disciplines
Athabasca University
1200, 10011 - 109 Street
Edmonton, AB T5J 3S8
Email: gcapadmin@athabascau.ca
Fax: 780-421-5046