

GRADUATE PROGRAMS: Change of Program

PLEASE PRINT CLEARLY.

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AU STUDENT ID NUMBER

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SPONSORING ID NUMBER

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REFERENCE NUMBER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address (Residence): \_\_\_\_\_

Email Address (Business): \_\_\_\_\_

From the following Programs, please indicate your proposed Change of Program below:

- MHS
- MN:GEN
- MN:NP
- MHS (Teaching)
- MN:GEN (Teaching)
- MHS (Thesis)
- MN:GEN (Thesis)

I am applying to change from my current \_\_\_\_\_ Program to the \_\_\_\_\_ Program.

If changing to an NP Program, please submit the following (along with this form).

- Proof of Current Registered Nursing license.
- Letter of verification (from employer or college of registered nurses) confirming 4,500 hours of recent clinical practice as a Registered Nurse.
- Basic Life Support (BLS) certificate.
- Typed personal essay of no more than 500 words, explaining why you should be admitted to this program. Please also describe your interest in primary healthcare.
- Current CV.
- AU Transcripts.

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.

I agree to abide by the rules and regulations for the Graduate Program, and as they may be amended from time to time. I certify that the information provided in my application materials is true and complete in all respects and that no relevant information has been withheld. I agree that Athabasca University retains the right to nullify my application if the information provided is false or incomplete. I certify that I am not under suspension or dismissal from another institution for reasons of academic misconduct.

- I am enclosing the \$150 Application fee which I understand is non-refundable.
  - Cheque (attached)
  - Credit card information (attached Charge form - VISA / Mastercard / American Express)

- I am enclosing the \$200 Admission fee which I understand is non-refundable.
  - Cheque (attached)
  - Credit card information (attached Charge form - VISA / Mastercard / American Express)

The personal information collected on this form will be used for the purpose of program application. This personal information is being collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Centre for Nursing and Health Studies, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3.

If you require assistance with this form, contact the Centre for Nursing and Health Studies. Telephone: (780) 675-6735. Fax documents to (780) 675-6468 or email [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_