

STUDENT INFORMATION

Last Name: _____ Reference Number (Finance Only): _____
First Name: _____ Email Address: _____
Student ID Number: _____ Phone Number: _____
Current Program: _____ New Program: _____

IMPORTANT

- If **requesting a change 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 **requesting a change 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 **requesting a change to an NP Program**, please include the following with your form:
 - a. Proof of Current Registered Nursing license
 - b. Letter of verification confirming 5000 hours of **recent** clinical practice as a Registered Nurse (from your employer or college of registered nurses).
 - 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).

PAYMENT AND SIGNATURE

Student Signature: _____ Date: _____

The processing of your form may require the submission of the **Application and/or Admission fee(s)**. Instructions for **Electronic Funds Transfer** can be found on-line at: <http://registrar.athabascau.ca/enrolment/etransfer/index.php>. If payment is required, **please do not submit your payment until the amount has been confirmed by our Program Office**. Your form will be processed once our office receives confirmation that the required payment has been received by our Finance department.

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

Nursing and Health Studies Students:

Email: cnhsgrad@athabascau.ca

OR

Counselling Students:

Email: gcapadmin@athabascau.ca

For office use only:

Director/Chair Approval:

For **MN:NP** requests only:

Signature: _____

Date: _____

Cumulative GPA: _____

The personal information collected on this form is used to process your program changes. This personal information is 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 Faculty of Health Disciplines, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3.

Updated: 7/24/2020