

College of the Desert
Application To The Associate Degree Nursing Program

Letter of Application as a Transfer Applicant

Date: _____

I, (circle one and print name) **Ms. Mrs. Mr.** _____ wish to be considered as a Transfer applicant into the spring 2010 semester of the College of the Desert Associate Degree Nursing Program. I understand that my request is on a space available status only. I assume responsibility for providing the following information to the Director of Nursing so that my application can be considered. **I understand that failure to complete this process automatically disqualifies me.**

Circle the semester to which you wish to apply: N001 N002 N003 N004

SUBMITTED

- | | | |
|---|--|-------|
| 1 | Official transcripts and grades of all college work completed. (This need not include work completed at College of the Desert (COD), as we can access that information by computer). | _____ |
| 2 | Submit copies of course outlines and syllabi from all completed nursing courses. | _____ |
| 3 | Submit letter from your previous Director of Nursing or Dean stating that you are eligible for reentry into the nursing program from which you are transferring | _____ |
| 4 | Submit letter to the Nursing Programs Director requesting transfer and acceptance for wanting to transfer. | _____ |

ALL APPLICATION MATERIALS WILL BE RETURNED TO APPLICANT IF ANY OF THE ITEMS ABOVE ARE NOT INCLUDED WITH COMPLETED APPLICATION

Indicate any other names under which transcripts may be issued:

List below all colleges attended:

A minimum of 12 units must be completed at College of the Desert to earn an Associate Degree. All transfer courses from other institutions must be from an accredited institution and lower division courses. No upper division courses will be accepted as comparable or equivalent to the ADN course requirements.

Have you ever applied to a College of the Desert Health Sciences program? Yes _____ No _____

(If yes, please circle which program) RN VN NA Other: _____

Signature

Social Security Number

Address: _____

Telephone: (_____) _____ Email address: _____

**Mail or hand deliver complete application packet to:
College of the Desert HS/ECE Division
Attention: Nursing Programs Director
43-500 Monterey Avenue, Palm Desert, CA 92260**

*Incomplete packets will be returned to sender.
Please allow up to six weeks to process your application materials.*

Date received by Division Office