

Lincoln Memorial University

Department of Nursing

Application for Transfer

Date _____ Student ID# _____

Name _____ Telephone (Home) _____

Address _____ Cell phone _____

_____ E-mail _____

Campus presently attending _____

LMU campus you want to transfer to: (Check one)

Harrogate

Knoxville

Corbin

Blount County

Course to which transfer is sought: (Check one)

NURS 115

NURS 241

NURS 246

NURS 125

NURS 242

NURS 126

NURS 245

Transfer requested for Fall _____ Spring _____ Summer _____ Year _____

Reason(s) for this request: _____

Signature of Student _____

Do not write below this line

Committee decision _____

Date _____

Committee Member's Signature

Notification sent to student _____

Program Director's Signature/Date

Please return to: Lincoln Memorial University, Caylor School of Nursing P.O. Box 2017
Harrogate, TN 37752