



**REQUEST for ACCEPTANCE as a TRANSFER STUDENT (part 1)**

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_____	_____.		
Student Name	Student I.D. #		
_____	_____	_____	_____.
Address	City	State	Zip
( _____ )	( _____ )		
Phone - Home or Cell	Phone - Work or Cell or Other		

[ ] I wish to be considered as a Transfer Applicant for the IVC Registered Nursing Program  
Initial

[ ] I assume responsibility for providing the information requested below and understand that failure  
Initial to complete this process automatically disqualifies me.

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**Submit the following** to the Nursing and Allied Health Office:

- Application for the Registered Nursing Program with attachments.
- Official transcripts and grades of all college work completed.
- Copies of course outlines and syllabi from all completed nursing courses
- Verification Form signed by the previous Program Director
- A letter to the IVC Program Director requesting transfer and acceptance into program. Include your name, address, phone number, and email or other contact information.

List all colleges attended:

_____	_____.
_____	_____.
_____	_____.

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**Mail or hand-deliver all information on Request for Transfer and Verification forms to:**

Imperial Valley College,  
 c/o Nursing and Allied Health Dept.,  
 P.O. Box 158,  
 Imperial, CA 92251

Contact the Nursing and Allied Health Office at 760.355.6348 for further information if necessary.



**TRANSFER STUDENT VERIFICATION FORM (part 2)**

This form is required of any student from another nursing program seeking transfer status to the IVC Registered Nursing Program.

**Student to complete the following:**

Name(s) of Student:	
Social Security #:	
Phone Number(s):	
Address:	
Name of Previous Institution Attended:	
Type of Program Attended:	
Dates of Enrollment:	

Please check all applicable areas and attach additional information if needed:

- I withdrew from the following courses: \_\_\_\_\_.
- I was dropped from the following courses: \_\_\_\_\_.
- I was not successful in completing the following courses: \_\_\_\_\_.
- I am eligible for re-entry in my former program.       Yes       No
- I am in good standing in my former program.       Yes       No

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

**Former Program Director to Complete:**

- I verify that the above information is correct.
- I verify that the above student's performance in clinical rotations was deemed safe and satisfactory.

If the information above is not correct or if there were any issues in regards to safety or if you feel the need to comment, please indicate below or contact the IVC Nursing and Allied Health Dept. at 760-355-6347.

\_\_\_\_\_  
 \_\_\_\_\_

**Name(print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_