

Transferability Question

Date: _____

Student Name: _____

Student E-Mail Address: _____

Student Mailing Address: _____

I give my permission for Mennonite College of Nursing to e-mail the results of this transferability question to the e-mail address listed above. _____

Student signature

I do NOT give permission for Mennonite College of Nursing to e-mail the results of this transferability question to the e-mail address listed above and prefer being contacted at my mailing address. _____

Student Signature

Student Phone Number: _____

Please check the appropriate box:

I am currently an ISU prenursing student.

I am currently an MCN Prelicensure Student.

I am currently an ISU Early Admission student.

I am currently an MCN RN/BSN Student.

I am currently applying to the Accelerated Program student

I am currently a transfer student who has NOT been officially accepted into MCN.

I am currently a transfer student who has been officially accepted into MCN for the _____ semester.

At which college is the student taking the course in question? _____

What is the name of the course, with acronym? (i.e. BIO 125, Human Physiology)

How many credit hours is the course worth? _____ In which semester was the course completed? _____

For which MCN prerequisite are you requesting credit? _____

Please attach one of the following with this form: copy of college catalogue description from the period in which course was taken—OR— course syllabi from the semester completed (preferred).

All information must be sent to Lana Blakemore, Admissions Representative, Mennonite College of Nursing at Illinois State University, Campus Box 5810, Normal, IL 61790-5810. Ljgarc1@ilstu.edu, fax (309) 438-7711

All information received is reviewed by Janeen Mollenhauer, Assistant Dean, Office of Student and Faculty Services.

Do not write below the line- for office use only

If this form has been completed by a staff member in place of the student, please indicate staff name _____

The following request was reviewed by our Undergraduate Program Director and the following decision has been made:

_____ has been **approved** as identified above for the following MCN prerequisite course _____.
(course #)

_____ has **NOT** been approved as requested for the following MCN prerequisite course _____.
(course #)

Signature- Director

Date