



TEMPLE UNIVERSITY
COLLEGE OF PUBLIC HEALTH
Intra-University Transfer Application
(for current Temple Undergraduate students)

Please follow these directions:

1. Print clearly or type all responses. Be particularly careful in printing the e-mail address.
2. Complete all sections (except where optional or statement does not apply).
3. Include a copy of DARS (please be sure that your name appears on your DARS) or unofficial copies of transcripts of previous academic work with transfer evaluations if applicable.
4. Once your application is received, please direct your inquiries to the nursing department; call 215-707-4686.
5. All application materials can be sent, or hand delivered to the locations below:

Mailing Address:

Attn: Andrea Darden
Department of Nursing
College of Public Health
Temple University
3307 North Broad Street
Philadelphia, PA 19140

Hand Delivery Address:

Department of Nursing
Jones Hall – Room 504
1316 W. Ontario Street
Philadelphia, PA 19140

APPLICATION DEADLINE: March 1st

Please note the following:

To be considered, you must have a 3.25 GPA and a strong background in Math and Sciences. It is recommended that all current Temple University students meet with a Nursing Advisor for questions regarding the application process. The Nursing Advisors can be reached at the email addresses below:

Natashia Huff, Nursing Advisor | Email: tul41294@temple.edu (Students with last names A-L)

Kris Scott, Nursing Advisor | Email: tuf74857@temple.edu (Students with last names M-Z)

If you are accepted into the BSN Program, you will begin as a freshman student and remain in the nursing program for four (4) years. This is due to the sequencing of nursing courses and clinical fieldwork; they begin in the freshman year and are every semester for four (4) years.



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I wish to be considered as an applicant for Fall _____ semester to the Department of Nursing 4 Year BSN Program.

1. TUID: _____

2. Name: _____
First *Middle* *Last*

3. Permanent Address: _____
Street Address *Apt, if applicable*

City *State* *Zip Code*

Phone Number *Temple Email Address*

4. Date of Birth: ___ / ___ / _____ 5. Gender: Male Female

6. Ethnicity: African American Native American
 Asian or Pacific Islander White
 Hispanic Other

7. Indicate your High School Standardized Test Scores (optional): SAT: V _____ M _____ | ACT: C _____

8. List college honors, awards, or distinctions received: _____

9. Current GPA: _____

10. List all colleges and universities that you have attended. List the most recent college/university first and provide dates of attendance. Please provide transcripts from all schools listed.

Name of Institution	City & State	Dates	Major	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Please attach an essay typed on one page explaining the reason for your interest in the BSN Program.

PLEASE NOTE THAT ALL CREDENTIALS FILED IN SUPPORT OF THE APPLICATION BECOME PROPERTY OF TEMPLE UNIVERSITY COLLEGE OF PUBLIC HEALTH AND ARE NOT RETURNABLE TO THE APPLICANT.

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING:

I understand that any misrepresentation of facts on this application or withholding of information may be cause for refusal of admission, dismissal or other disciplinary action if they are subsequently discovered.

Signature

Date

Received: _____
By: _____