Student Name: ____________________________________________________________

Maverick ID Number: 100______________________________________________

Graduate Program Plan: ______ AP-MSN Education ______ AP-MSN Administration
          NEDUMRNTAP          NADMMRNTAP

Begin Graduate Coursework (Semester/Year): ___________________________

Undergrad Graduation Date (Semester/Year): ________

Resident Status:

______ Work Visa _______ Permanent Resident Status _______ US Citizen

**Admission Requirements:**
(Please check the following you have completed)

______ I have sustained at least a cumulative GPA of 3.0

______ I have maintained at least a 3.3 GPA in NURSU 3345, NURSU 3315, and NURSU 4325

I,____________________ (type name), have read the Graduate Student Transition Form and understand the information I have provided is correct and accurate. I know and understand all the UT Arlington and College of Nursing policies, procedures, and requirements.

Student signature: ____________________________________________ Date: ________

________________________________________________________________

For Official Use Only:

Received: ______

Undergraduate Advisor signature: ____________________________ Date: ________