



THE EXCEL EDU CONSULT (A SUBSIDIARY OF THE EXCEL NURSING AGENCY)

TRANSFER FORM FOR SCHOOL OF NURSING STUDENTS

PERSONAL DATA

Enter your full legal name as it appears on your birth certificate or passport.

NAME: _____

Surname

first name

middle name

Age: _____

Gender: _____

Date of birth: _____

DD/MM/YYYY

Occupation: _____

CONTACT INFORMATION

Home address: _____

Telephone: _____

Alternate phone: _____

Next of kin; name, address and telephone:

PROGRAM SELECTION

Present School of Nursing: _____

When were you admitted: _____

What was your academic performance: _____

Why do you seek a transfer from the school: _____

Name of your school Principal and Telephone number:

Do you have a choice of Nursing School to be transferred to: () Yes () No

If Yes, kindly specify: _____

Why are you interested in the above Nursing School:

Have you applied to any Nursing School for transfer: () Yes () No

If Yes, list them with years: _____

At what stage were you not offered admission into the listed Nursing School:

Do you still wish to study Nursing: () yes () No

If yes, why:

Have you been withdrawn from a Nursing School before: () Yes () No

If yes, what year and what happened:

Can we choose another Nursing School for you: () Yes () No

If No, why: _____

Do you seek admission assistance: () Yes () No

If yes, what kind of assistance do you need: _____

When do you intend to resume for your program: _____

Do you seek tutorial if eventually admitted into your transferred school during your program: () Yes

() No

If yes,

why: _____

Any additional information:

Tick the box if your information provided is accurate and you seek further assistance from us.

Kindly fill and scan back to our email: info@theexcelnursingagency.org. We will revert back in 24hours of receipt.

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