



Request for Transfer to Pre-Nursing (PRN) Classification

Campus ID: _____ Current Date: _____

Name: _____
Last First Middle

Current Classification (e.g., BA-1, ANS-2): _____

Email Address: _____ Telephone: _____

Signature Date

Notes:

1. To be eligible to change to the PRN classification, both the cumulative and prerequisite GPAs must be at least 2.75.
2. Classification changes must be requested before the 12th week of the semester in order to be applied to that semester. Requests received after the 12th week will take effect at the start of the following semester.

Return completed form via email to ugadmit@son.wisc.edu or drop off at the Nursing Academic Programs Office, Cooper Hall, 701 Highland Avenue, suite 1100.

Internal Use Only

Cumulative GPA: _____ Prerequisite GPA: _____

Eligible for Classification Change Based on GPAs (both at least 2.75)? Yes No

First Semester Freshman? Yes No

Nursing Academic Advisor: _____

Transfer Effective Date: _____ Date Student Notified: _____