



BETHEL
UNIVERSITY

DNP REQUEST DOCUMENT TRANSFER

This form is to be completed by the student.

Name: _____ Bethel ID: _____
(Please print)

Signature: _____

By checking this box, I authorize Bethel University to transmit electronically or by mail my Bethel transcript and the additional documents noted below to the school indicated (with whom Bethel has a Memorandum of Understanding for the completion of my DNP degree).

- My Bethel DNP Application
- All submitted official transcripts
- Any standardized test scores provided to Bethel
- Letters of recommendation, if available
- Admission Letter
- A Letter of Good Standing from Bethel stating the student is in “good standing” at Bethel. (*For purposes of this understanding, “good standing” means students who have not received any discipline at Bethel or who are not currently under investigation that could lead to any disciplinary action.*)

Select one school:

The College of St. Scholastica
Julie Honey, DNP, APRN, CPNP, C-FNP
Graduate Nursing Department Chair
Nurse Practitioner Program Director
jhoney@css.edu
908-745-9693

St. Catherine University
Margie Larson
Assistant Director of Admission
malarson@stkate.edu
612-219-8065

I understand that application to the school selected above is required and that it is my responsibility to complete the required application.

Form Submission:

A scanned copy or a photo of this signed and completed form should be sent **from your Bethel email account** to caps-sem-gs-registrar@bethel.edu. Please contact your Student Success Advisor gs-nursing@bethel.edu with questions.