



**THE NURSING & MIDWIFERY COUNCIL OF NIGERIA  
NOTIFICATION OF CHANGE OF SCHOOL**

PART 1 - To be filled in by the Principal of the former School

Name of Student: .....

Index No: .....

Name of former School: .....

Date of Commencement of training in former School.....

Date of leaving the former School.....

Name of present School.....

Stage of training in former School.....

Expected Date of Council's Examination in former School.....

Reason(s) for change of School.....

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.....  
Principals's Name

.....  
Principals's Signature

Date:.....

Date:.....

.....

PART II - To be filled by the Principal of the School to which the Student is transferring:

Name of School.....

Date of Commencement of Training.....

Stage of training in present School.....

Expected date of Council's Examination:.....

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Principals's Name

.....  
Principals's Signature

Date:.....

Date:.....

Four copies of this form should be completed and each copy forwarded to:

- (1) The Secretary General, Nursing and Midwifery Council of Nigeria with the prescribed fee and two Passport photographs (Black and White)
- (2) Head of Nursing Services of the State from which the student is leaving (if the student is transferring to another School in the same State, the form should still be sent to the Head of Nursing Services of the State)
- (3) The Principal of the Present School
- (4) The Principal of the former School.