Reintegration Plan Following RTWP Bachelor of Midwifery

|  |
| --- |
| **APPLICANT INFORMATION** |
| Family Name (Legal):  First or Given Name (Legal):  Middle Name (Legal):  Name by which I prefer to be called:  Pronouns: |
| MRU Student ID:  Email:  Phone: |

Answers to the following questions may be in point form.

|  |
| --- |
| What has changed or what have you done to change the circumstances leading to the RTWP? (150 words Maximum) |
|  |

|  |
| --- |
| What supports are now in place to increase the chances of your success in the program? (150 words maximum) |
|  |

|  |
| --- |
| LIST RELEVANT WORK, EDUCATION, OR OTHER EXPERIENCES UNDERTAKEN SINCE THE RTWP THAT WILL CONTRIBUTE TO YOUR SUCCESS IN THE PROGRAM. (150 WORDS MAXIMUM) |
|  |

|  |
| --- |
| Outline your personal program progression plan (200 words maximum) |
|  |

**Email completed form to Dr. Elizabeth Van Den Kerkhof, Director School of Nursing and Midwifery** [evandenkerkhof@mtroyal.ca](mailto:evandenkerkhof@mtroyal.ca)

**Freedom of Information and Protection of Privacy:** The personal information you provide on, or with, this form is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act in the Province of Alberta - section 33(c). This information will be used for academic administration and for the purposes of the RTWP process as outlined in the Student Handbook. Further information is available in the Mount Royal calendar and at [mru.ca](http://mru.ca/) Questions regarding the collection of personal information can be directed to**: Elsa Perry, Administrative Assistant to the Director, School of Nursing and Midwifery - Mount Royal University - 4825 Mount Royal Gate SW - Calgary AB - T3E 6K6 – email** [eperry@mtroyal.ca](mailto:eperry@mtroyal.ca) **– phone 403.440.6853.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |