

APPLICATION FOR CHANGE OF PROGRAM FOR GRADUATE NURSING STUDENTS

INSTRUCTIONS: Complete this form and submit it to the Office of Recruitment and Admissions. The change of program would start as of the spring 2015 semester. Please keep in mind that if you do decide to change your current program, **you may have to wait until clinical courses become available** in order to complete the coursework in the role of choice due to limited clinical resources.

Current Graduate Studies Program: _____

Empl ID #: _____ **Male () Female ()** **Date of Birth:** ____/____/____

Last Name First Middle

Number Street Apt. # Home Telephone Number

City State Zip Code Work/Alternate Telephone Number

E-mail Address: _____ @ _____

I would like to change my program to (pending Department approval) (*please check one*):

- ___ Master of Science in Adult-Gerontological Health Nursing Clinical Nurse Specialist (CNS)
- ___ Master of Science in Adult-Gerontological Primary Care Nurse Practitioner (NP)
- ___ Post-Master's Advanced Certificate in Adult-Gerontological Health Nursing Clinical Nurse Specialist
- ___ Post-Master's Advanced Certificate in Adult-Gerontological Health Nursing Nurse Practitioner

Signature of Applicant: _____ **Date:** _____

[] APPROVED [] DENIED _____
Program Coordinator or Department Chair Signature Date

Comments: _____