

REQUEST TO CHANGE NURSING M.S. TRACK

Name _____ Date _____ Phone _____
 Address _____ Student ID _____
 City, State, Zip _____ Email _____

I wish to withdraw from my current track :	
AND CHANGE TO: <input type="checkbox"/> Anesthesia <input type="checkbox"/> Family Nurse Practitioner <input type="checkbox"/> Psychiatric & Mental Health Nursing/Clinical Nurse Specialist <input type="checkbox"/> Psychiatric & Mental Health Nursing Nurse Practitioner	<input type="checkbox"/> Adult Gerontological Primary Care Clinical Nurse Specialist <input type="checkbox"/> Adult Gerontological Primary Care Nurse Practitioner <input type="checkbox"/> Advanced Public Health Nurse <input type="checkbox"/> Nursing Educator
Additional application forms may be necessary depending on the nursing track. Transfers among some tracks may not be allowed, please check with your Advisor or the Graduate Director.	

<i>Upon approval, I understand that I will need to submit a program of study, advisor/committee appointment, and topic proposal to conform to the new degree requirements. I further understand that I may need to take additional courses to meet the new program requirements. Course substitutions are not allowed.</i>	
Student Signature	Date:

	Recommended	Not Recommended	Date
_____ Current Track Director	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ New Track Director	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ Graduate Director of Nursing	<input type="checkbox"/>	<input type="checkbox"/>	_____
New Advisor: _____			

	Approved	Not Approved	Date
_____ School of Graduate Studies Dean	<input type="checkbox"/>	<input type="checkbox"/>	_____