Request to Change Plan of Study within the
Saint Anthony College of Nursing
Graduate Nursing Program

STUDENT NAME (PLEASE PRINT)

After much consideration, I am requesting to change from my selected program of study
__________________________________________________ to the following:

**MSN Program**
- Clinical Nurse Leader
- Family Nurse Practitioner
- Adult Gero Primary Care Nurse Practitioner
- Adult Gero Acute Care Nurse Practitioner
- Post Master’s Certificate FNP
- Post Master’s Certificate AGACNP
- Post Master’s Certificate AGPCNP

**DNP Program**
- Leadership Macro/Micro – MSN Required
- Family Nurse Practitioner
- Adult Gero Primary Care Nurse Practitioner AGPCNP
- Adult Gero Acute Care Nurse Practitioner AGACNP
- Clinical Leader

Which of the following reasons apply to your request for change:
- ☐ Course or program completion requirements
- ☐ The population does not match my interest or future goals
- ☐ Program better aligns with my personal and/or employment goals
- ☐ I have a better understanding of my desired role and requirements
- ☐ Length of time of MSN versus DNP completion
- ☐ I see the value of the DNP
- ☐ Financial Considerations
- ☐ Other

*Please describe the reason(s) for your request in at least one paragraph and attach to this signed form.

I understand this change may affect my estimated graduation date. I have met with my advisor to discuss the change in my curriculum plan. Attached is my signed statement about this decision along with my reasons for requesting this change.

__________________________________________________
STUDENT SIGNATURE

__________________________________________________
DATE

__________________________________________________
ADVISOR

__________________________________________________
DATE

__________________________________________________
GRADUATE ADMISSION & PROGRESSION CHAIR

__________________________________________________
DATE

__________________________________________________
DEAN GRADUATE AFFAIRS AND RESEARCH

__________________________________________________
DATE

S:/Graduate Affairs/Forms/Program Change Request Form 7/30/2020