

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

After much consideration, I am requesting to change from my selected program of study

_____ to the following:

MSN Program

DNP Program

- | | |
|---|--|
| <input type="checkbox"/> Clinical Nurse Leader | <input type="checkbox"/> Leadership Macro/Micro – MSN Required |
| <input type="checkbox"/> Adult Gero Clinical Nurse Specialist | <input type="checkbox"/> Adult Gero Clinical Nurse Specialist |
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Family Nurse Practitioner |
| <input type="checkbox"/> Nurse Educator | <input type="checkbox"/> Adult/Gero Primary Care Nurse Practitioner AGPCNP |
| <input type="checkbox"/> Adult/Gero Primary Care Nurse Practitioner | <input type="checkbox"/> Adult Gero Acute Care Nurse Practitioner AGACNP |
| <input type="checkbox"/> Adult Gero Acute Care Nurse Practitioner | <input type="checkbox"/> Clinical Leader |
| <input type="checkbox"/> Post Master’s Certificate FNP | <input type="checkbox"/> Academic Leader |
| <input type="checkbox"/> Post Master’s Certificate AGACNP | |
| <input type="checkbox"/> Post Master’s Certificate AGPCNP | |
| <input type="checkbox"/> Post Master’s Certificate Adult Gero CNS | |
| <input type="checkbox"/> Post Master’s Certificate Nurse Educator | |

I understand that this might affect my estimated graduation date and have met with my advisor, to discuss the change in my curriculum plan. Attached is my signed statement about this decision. Please describe the reason(s) for your request in at least one paragraph.

STUDENT NAME (PLEASE PRINT)

STUDENT SIGNATURE

DATE

ADVISOR

DATE

GRADUATE ADMISSION & PROGRESSION CHAIR

DATE

DEAN GRADUATE AFFAIRS AND RESEARCH

DATE