

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:

MSN Program

DNP Program

- | | |
|---|--|
| <input type="checkbox"/> Clinical Nurse Leader | <input type="checkbox"/> Leadership Macro/Micro-MSN Required |
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Clinical Nurse Specialist |
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Family Nurse Practitioner FNP |
| <input type="checkbox"/> Nurse Educator | <input type="checkbox"/> Adult/Gero Primary Care Nurse Practitioner AGPCNP |
| <input type="checkbox"/> Adult/Gero Primary Care Nurse Practitioner | |

I understand that this might affect my estimated graduation date and have met with my advisor, to discuss any changes in my curriculum plan. Attached is my signed one (1) page summary.

STUDENT NAME (PLEASE PRINT)

STUDENT SIGNATURE

DATE

ADVISOR

DATE

GRADUATE ADMISSION & PROGRESSION CHAIR

DATE

DEAN GRADUATE AFFAIRS AND RESEARCH

DATE