

Saint Francis Medical Center
College of Nursing
Peoria, Illinois
Graduate Program

REQUEST FOR CHANGE IN MSN OPTION

Directions: MSN Students: If you decide to change MSN program option, you must submit this completed form to the Dean of the Graduate Program.

Student name (Print): _____ Date: _____

Current MSN option: _____ Requesting change of option to: _____

Reason for requesting change of option: _____

Please acknowledge each statement below by entering your initials in the applicable boxes below:

- All Students:* After the first week of classes concludes, students cannot add classes. Therefore, I understand that after the first week of class, the earliest I can start in the new option is the next semester. However, I understand that I must submit this request for the option change as soon as possible in order to make the change.
- All Students:* I understand that any change in MSN option will be made on a space-available basis and is dependent on course availability and faculty and preceptor resources.
- All Students:* I will accept the change in my MSN option if granted and will relinquish my place in the current MSN option. I further understand that I will be notified of my request to change option via written letter.

If my request is denied, then I will either (initial one):

- Remain in my current MSN option to complete my degree, or
- Leave the program at the end of the semester

Student Signature _____

Academic Adviser Signature _____

RETURN TO DEAN - GRADUATE PROGRAM

Approval Date: _____ Denial Date: _____ Review Date: _____

Dean of the Graduate Program Signature
RequestforchangeinMSNprogram11/2016