

**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