

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

- ☐ Clinical Nurse Leader
- ☐ Nurse Educator
- ☐ Adult Gero Primary Care Nurse Practitioner
- ☐ Adult Gero Acute Care Nurse Practitioner
- ☐ Family Nurse Practitioner
- ☐ Psychiatric Mental Health Nurse Practitioner
- Post Master's Certificate AGACNP
- Post Master's Certificate AGPCNP
- Post Master's Certificate FNP
- Post Master's Certificate PMHNP
- Post Master's Certificate Nurse Educator

DNP Program

- ☐ Leadership Macro/Micro – MSN Required
- ☐ Clinical Leader
- ☐ Adult Gero Primary Care Nurse Practitioner
- ☐ Adult Gero Acute Care Nurse Practitioner
- ☐ Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner

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