



Request for Change in Program and/or Graduation Date

1. Student Name: _____

2. Current Program and program option: BSN-A BSN-B MSN Original Graduation Date: _____

3. New Program: BSN-B (check only if changing program option) New Anticipated Graduation Date: _____

4. Rationale for change: _____

5. Student self-identified plan to be successful in new program option or revised curriculum schedule:

6. New curriculum plan: (See reverse)

Student Signature: _____ Date: _____

Academic Advisor: _____ Date: _____

Program Coordinator or Academic Dean: _____ Date: _____

OFFICE USE ONLY:

- Student Services Secretary
- Faculty Secretary
- ATI Coordinator
- Admissions Representative
- Bursar
- Financial Aid Specialist
- Registrar



Date: _____

Curriculum plan for: _____

Current program: _____ Program option: _____

SUMMER SEMESTER	
TOTAL	SH

FALL SEMESTER		SPRING SEMESTER	
TOTAL	SH	TOTAL	SH

SUMMER SEMESTER	
TOTAL	SH

FALL SEMESTER		SPRING SEMESTER	
TOTAL	SH	TOTAL	SH

SUMMER SEMESTER	
TOTAL	SH