



# RESEARCH COLLEGE OF NURSING

## GRADUATE TRACK CHANGE FORM\*

Students requesting to change tracks must:  
 Complete the form below  
 Participate in the admission process for the track to which they plan to change.

| Student Contact Information  |   |
|--|---|
| Name: _____  | ID #: _____   |
| Address: _____   |   |
| City, State, Zip: _____  | Phone: _____  |
| Which track are you currently enrolled:  | FNP _____<br>EPHL _____<br>NED _____<br>AGNP _____<br>CNL _____<br>RN-MSN _____ |
| Which track do you want to enroll:   | FNP _____<br>EPHL _____<br>NED _____<br>AGNP _____<br>CNL _____<br>RN-MSN _____ |
| I understand that in making this change to my track, it could result in additional course requirements and some courses already taken may not apply to this track. |   |
| _____<br>Student Signature   | _____<br>Date   |

| For Faculty Signatures Only      |              |
|----------------------------------|--------------|
| CURRENT Academic Advisor: _____  | (Date) _____ |
| (Signature) _____                |              |
| NEW Academic Advisor: _____      | (Date) _____ |
| (Signature) _____                |              |
| CURRENT Track Coordinator: _____ | (Date) _____ |
| (Signature) _____                |              |
| NEW Track Coordinator: _____     | (Date) _____ |
| (Signature) _____                |              |
| Graduate Program Director: _____ | (Date) _____ |
| (Signature) _____                |              |

| For College Use Only  |             |
|---|-------------|
| Approved by Dean: _____   | Date: _____ |
| Original to Registrar, copy to New Advisor, copy to Current Advisor, and GP Director. |             |

\* Completion of this form does not constitute admission into the desired degree program. The "Change of track" request will be reviewed with the application for admission to the desired track.