

Request to Change Identified Focus within the
Saint Anthony College of Nursing
Masters of Science in Nursing Program

I _____ was accepted to the Saint Anthony College of Nursing
(PLEASE PRINT)
Master of Science in Nursing program under the _____ track. After
(ORIGINAL FOCUS CHOICE)
much consideration, I am requesting to change from my selected track to the
_____. I understand that this might affect my estimated
(NEW FOCUS CHOICE)
graduation date and have met with my advisor, _____, to discuss
(ADVISOR NAME)
any changes in my curriculum plan*.

STUDENT SIGNATURE

DATE

ADVISOR

DATE

DEAN GRADUATE AFFAIRS AND RESEARCH

DATE

Approved

Not Approved

*see attached curriculum plan