



Request for Change in DNP Option

Graduate Program

Directions: DNP Students: If you decide to change your DNP program option, you must submit this completed form to the Dean of the Graduate Program.

Student name (Print): _____ Date: _____

Current DNP option: _____ Requesting change of option to: _____

Reason for requesting change of option: _____

Please acknowledge each statement by placing a check in the applicable boxes below:

After the first week of classes concludes, students cannot add classes. Therefore, I understand that after the first week of class, the earliest I can start in the new option is the next semester. However, I understand that I must submit this request for the option change as soon as possible in order to make the change.

I understand that any change in DNP option will be made on a space-available basis and is dependent on course availability and faculty and preceptor resources.

I will accept the change in my DNP option if granted and will relinquish my place in the current DNP option. I further understand that I will be notified of my request to change options.

If my request is denied, then I will either (choose one):

Remain in my current DNP option to complete my degree, or

Leave the program at the end of the semester

Student Signature: _____

Academic Adviser Signature: _____

RETURN TO DEAN - GRADUATE PROGRAM

Approval Date: _____ Denial Date: _____ Review Date: _____

Dean of the Graduate Program Signature

RequestforchangeinMSNprogram11/2016