

Samuel Merritt University
Request to Change Graduate Nursing Program

Student Name: _____ **Date** _____
Please Print

Student ID Number _____

Step One: Discuss your desire to change programs with the program director of the current program and obtain that program director's signature.

I am requesting to change from the graduate nursing program indicated below (check one)

- Case Management Post Professional
- ELMSN Case Management
- ELMSN FNP
- FNP Post Professional
- Nurse Anesthesia

Program Director Signature: _____ **Date** _____

Step Two: Submit this form with the signature of the current program director and a goal statement that describes your career and professional goals as they relate to the new program to the director of that program.

I wish to change to the graduate nursing program indicated below (check one)

- Case Management Post Professional
- ELMSN Case Management
- ELMSN FNP
- FNP Post Professional
- Nurse Anesthesia

Effective the _____ Semester, 20__.

Student's Signature: _____ **Date** _____

Student's request to change program is: Accepted Denied

Program Director Signature: _____ **Date** _____

Copy of form to

Signature

- Admissions Office _____
- Student Accounts _____
- Registrar's Office _____

Registrar's Office forwards copy to:

- Student
- Current program director