

SAMUEL MERRITT COLLEGE
Office of the Registrar
450 30th Street, Suite 2802
Oakland, California 94609
Telephone: 510.869.1550 Fax: 510.869.6204

Request to Change Graduate Nursing Program

Student Name	Student ID Number	Date
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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)

- | | |
|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Case Management Post Professional | <input type="checkbox"/> FNP Post Professional |
| <input type="checkbox"/> ELMSN Case Management | <input type="checkbox"/> Nurse Anesthesia |
| <input type="checkbox"/> ELMSN FNP | |

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)

- | | |
|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Case Management Post Professional | <input type="checkbox"/> FNP Post Professional |
| <input type="checkbox"/> ELMSN Case Management | <input type="checkbox"/> Nurse Anesthesia |
| <input type="checkbox"/> ELMSN FNP | |

Effective the _____ Term of , _____
(Fall, Jan, Spring, Summer) (Year)

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

Student's request to change program is: Accepted Denied

Program Director Signature: _____ **Date:** _____

- | Copy of form to | Signature |
|---------------------------------------------|-----------|
| <input type="checkbox"/> Admissions Office | _____ |
| <input type="checkbox"/> Student Accounts | _____ |
| <input type="checkbox"/> Registrar's Office | _____ |

Registrar's Office forwards copy to:

- Student
 Current program director