

Dean of Nursing Signature

Methodist College

Program Change For Nursing Prelicensure

This form is to be completed when a student requests a change of major program of study to the Nursing - Prelicensure program.

Revised 8/2024

To save or submit this form via email, please print the completed form to PDF

STUDENT PER	RSONAL INFORM	MATION			
ID Number					
Name Last, First,	Middle				
ACADEMIC IN	FORMATION				
Current Pro	gram of Study I	nformation			
Degree (Majo	r)	Cata	log Year		
Desired Ent	rance Year and	Term (if approved)			
Effective Academic Year (e.g. 2023-24)		23-24)	Effective Term		
Please describe y desiring this char Study.	our reason(s) for nge of Program of				
Student Signature Date Completed					
ACADEMIC RECORD REVIEW					
Review Comp	leted?	Sciences GPA:	Career GPA:	MC GPA:	
Lower Division A Courses Remainin					
Registrar Signature Date Completed					
DEAN OF NURSING REVIEW					
Change Appro	oved?	Effective Academic Yea	ır	Effective Term	
Rationale for Den	nial:				

Date Completed