



This form is to be completed when a student requests a change of program of study from a baccalaureate program to a Masters program.

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

STUDENT PERSONAL INFORMATION

ID Number

Name Last, First, Middle

ACADEMIC INFORMATION

Current Program of Study Information

Degree (Major)

Catalog Year

Desired Program of Study Information (post-change)

Degree (Major)

Catalog Year

Please describe your reason(s) for desiring this change of Degree Program.

Effective Academic Year (e.g. 2023-24)

Effective Term

Students seeking to change their degree program must meet the admission requirements of the desired program as detailed in the College's current catalog. Please see the most recently published catalog for specific requirements.

Student Signature _____ Date Completed _____

ACADEMIC RECORD REVIEW

Academic Record Review Completed?

Biology Coursework Completed?

Career GPA:

BIO205 Grade:

BIO206 Grade:

BIO201 Grade:

Letter of Recommendation and Writing Sample Submitted?

Meets Qualifications?

Registrar Signature _____

Date Completed _____

DEAN OF NURSING REVIEW

Change Approved?

Effective Academic Year

Effective Term

Rationale for Denial:

Dean of Nursing
Signature _____

Date Completed _____

RECORDS OFFICE USE ONLY
(Indicate distribution date below)

_____ Registrar's Office

_____ Student