



# RESEARCH COLLEGE OF NURSING

## GRADUATE TRACK CHANGE FORM\*

**Students requesting to change tracks must:**  
**Complete the form below**  
**Participate in the admission process for the track to which they plan to change.**

Student Contact Information	
Name: _____	ID #: _____
Address: _____	
City, State, Zip: _____	Phone: _____
Which track are you currently enrolled:	FNP _____
	EPHL _____
	NED _____
	AGNP _____
	CNL _____
	RN-MSN _____
Which track do you want to enroll:	FNP _____
	EPHL _____
	NED _____
	AGNP _____
	CNL _____
	RN-MSN _____
I understand that in making this change to my track, it could result in additional course requirements and some courses already taken may not apply to this track.	
_____ Student Signature	_____ Date

For Faculty Signatures Only	
CURRENT Academic Advisor: _____	_____ (Date)
NEW Academic Advisor: _____	_____ (Date)
CURRENT Track Coordinator: _____	_____ (Date)
NEW Track Coordinator: _____	_____ (Date)
Graduate Program Director: _____	_____ (Date)

For College Use Only	
Approved by Dean: _____	Date: _____
Original to Registrar, copy to New Advisor, copy to Current Advisor, and GP Director.	

\* Completion of this form does not constitute admission into the desired degree program. The "Change of track" request will be reviewed with the application for admission to the desired track.