



RESEARCH COLLEGE OF NURSING

GRADUATION COHORT CHANGE FORM*

Students requesting to change graduation year must:
Complete the form below
Review the plan of study with your current advisor

Student Contact Information	
Name: _____	ID #: _____
Address: _____	
City, State, Zip: _____	Phone: _____
Which cohort year/group are you currently admitted:	
	FNP _____
	AGNP _____
Which year do you want to graduate:	FNP _____
	AGNP _____
I understand that in making this change to my graduation year could result in a change in my plan of study.	
_____	_____
Student Signature	Date

For Faculty Signatures Only	
Current Academic Advisor: _____	_____
(Signature)	(Date)
Track Coordinator: _____	_____
(Signature)	(Date)

For College Use Only	
Approved by Dean: _____	_____
Date: _____	_____

Original to Registrar, copy to Student, Advisor, and Track Coordinator.

* Completion of this form does not constitute a change into the desired graduation year. The "Change of year" request will be reviewed by your advisor, and the track coordinator.