DNP and PhD
Specialty Track Enrollment/Transfer Form

Directions:

1. Complete this form by October 31 of the year prior to the first clinical course of the desired track.
2. Discuss goals/plans with academic advisor of current track and get signature of approval.
3. Discuss goals/plans with academic advisor of desired track and get signature of approval.
4. Students may be required to submit extra essays and go through an additional interview process.
5. Submit approved transfer form to the School of Nursing Registrar.
6. If the transfer is not approved, discuss goals/plans with coordinator of current track.

Name: ____________________________________________ Computing ID: ______________________________________

Current Mailing Address: ____________________________________________ ______________________________________

__________________________________________________________ ______________________________________

Telephone: ____________________________

Current Program:

☐ DNP
☐ BSN-DNP
☐ PhD

Track in which I am currently enrolled:

☐ Adult-Gero Acute Care CNS
☐ Adult-Gero Acute Care NP
☐ Adult Gero Acute Care CNS/NP
☐ Family NP
☐ Pediatric NP
☐ Psychiatric-Mental Health NP

Track to which I would like to transfer:

☐ Adult-Gero Acute Care CNS
☐ Adult-Gero Acute Care NP
☐ Adult-Gero Acute Care CNS/NP
☐ Family NP
☐ Pediatric NP
☐ Psychiatric-Mental Health NP

Doctoral Students with Master’s degrees only...
Post-Masters certificate which I would like to add:

☐ Adult-Gero Acute Care CNS
☐ Adult-Gero Acute Care NP
☐ Family NP

I plan to register as a: ☐ full-time student ☐ part-time student
What courses have you completed to date?

In what master’s level courses are you currently enrolled?

STATEMENT OF REASONS FOR WISHING TO TRANSFER: On a separate sheet of paper, provide a clear statement of your educational and professional goals and their fit with the University of Virginia SON Graduate Program. Be sure to address the client population with whom you wish to develop expertise. Please type this statement, sign it, and submit it with this form.

Signatures of Approval:

__________________________________________  ________________________________
Faculty Advisor                        Date of Approval

__________________________________________  ________________________________
Coordinator of Current Track (if applicable)  Date of Approval

__________________________________________  ________________________________
Coordinator of Requested Track  Date of Approval

__________________________________________  ________________________________
Program Director (PhD & DNP Students)  Date of Approval

__________________________________________
Student Signature

__________________________________________
Date

Approval of Senior Assistant
Dean for Academic and
Student Services:

__________________________________________
Signature

__________________________________________
Date

UPDATED: April 2015