Request to Switch from BSN-DNP Track to MSN Track Form

Directions:

1. ***Complete this form by <u>October 31</u> 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.
   a. DNP students also meet with DNP Program Director and submit DNP Leave of Absence/Withdrawal form
4. Students may be required to submit extra essays and go through an additional interview process.
5. Submit approved form to the School of Nursing Registrar.
6. If the transfer is not approved, discuss goals/plans with coordinator of current track.

Name: _____   **University ID (9-digit):** _____

☐ **I am requesting to switch from BSN-DNP to MSN only.**

Track in which I am **<u>currently enrolled</u>:**

- ☐ Adult-Gero Acute Care CNS
- ☐ Adult-Gero Acute Care NP
- ☐ Adult Gero Acute Care CNS/NP
- ☐ Clinical Nurse Leader
- ☐ Family NP
- ☐ Neonatal NP
- ☐ Pediatric NP Acute Care
- ☐ Pediatric NP Primary Care
- ☐ Psychiatric-Mental Health NP

Reason for this change:

- ☐ New APRN position
- ☐ Financial/ Tuition
- ☐ Workload
- ☐ Not supported by employer
- ☐ Stress or workload reduction
- ☐ Home/Life commitments
- ☐ Other_____

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?

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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 (DNP Students only)   Date of Approval

                                                  _____
                                                  Student Signature

                                                  _____
                                                  Date

Approval of Senior Assistant
Dean for Academic and
Student Services: _____
                                          Signature

                                          _____
                                          Date