

**MSN and Post-Master's Certificate
Specialty Track Enrollment/Change 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.
 - DNP students desiring a second track must also meet with DNP Program Director
4. Students may be required to submit extra essays and go through an additional interview process.
 - A gap analysis may also need to be conducted for the new plan of study
5. Submit approved form to the School of Nursing Registrar (SON-Registrar@virginia.edu).

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

Current Program:

- MSN Post-Master's Certificate DNP Ph.D.

I am requesting to (check one): **Transfer to a new track** **Declare a second specialty track**

Track in which I am **currently enrolled:**

Track to which I would like to **transfer or declare 2nd specialty:**

- 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

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- Neonatal NP
- Pediatric NP Acute Care
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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