

**Change of Major Form** \*required field

\_\_\_\_\_  
\*Student name (please print)

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*last four of social security #

\_\_\_\_\_  
\*term and semester

Please indicate the following:

**\*Current Program**

- Bachelor of Science in Nursing – Pre-licensure
- Bachelor of Science in Nursing – Evening /Weekend
- BSN for RN - Online
- BSN for RN – On ground
- RN to MSN
- Master of Science in Nursing – Clinical Nurse Leader
- Master of Science in Nursing – Nurse Educator
- Master of Science in Nursing – Adult Health Clinical Nurse Specialist
- Master of Science in Nursing – Nurse Administrator
- Master of Science in Nursing – Adult Nurse Practitioner
- Master of Science in Nursing – Family Nurse Practitioner
- Bachelor of Science in Health Informatics and Information Management
- Master of Science Nursing – Health System Leadership

**\*New Program**

- Bachelor of Science in Nursing – Pre-licensure
- Bachelor of Science in Nursing – Evening /Weekend
- BSN for RN – Online
- BSN for RN – On ground
- RN to MSN
- Master of Science in Nursing – Clinical Nurse Leader
- Master of Science in Nursing – Nurse Educator
- Master of Science in Nursing – Adult Health Clinical Nurse Specialist
- Master of Science in Nursing – Nurse Administrator
- Master of Science in Nursing – Adult Nurse Practitioner
- Master of Science in Nursing – Family Nurse Practitioner
- Post Baccalaureate Certificate in Health Informatics and Information Management
- Master of Science Nursing – Health System Leadership

**\*\*I have reviewed the requirements of my new major, and am aware of any changes in my curriculum, progression and graduation date.**

\_\_\_\_\_  
\*Student Signature

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
Office of the Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Current Graduation Date

\_\_\_\_\_  
\*Current Advisor

\_\_\_\_\_  
\*New Graduation Date

\_\_\_\_\_  
\*New Advisor

\_\_\_\_\_  
\*Dean or Director Signature / Date

\_\_\_\_\_  
\*Current Advisor Signature / Date

\_\_\_\_\_  
\*New Advisor Signature / Date