TITLE: CHANGE IN TRACK FOR MSN STUDENTS

POLICY: Any student may request a change in track after admission. Students with the experiences and academic achievement to support the requested change may request such a change on a space available basis. Change in track requests may result in extended curriculum plans.

RATIONALE: Each track has enrollment limits based on available clinical placements and faculty supervision.

PROCEDURE:

A. Change in Track

1. The student requesting a track change, obtains the form, Request for Change in Track, (See Attachment #1) on College website.

2. The student completes the request form and forwards to the Assistant Dean for Student Affairs (ADSA). Request forms must be received by the ADSA by October 15th of the Fall semester prior to the track change.

3. The ADSA will forward the student’s request to the student’s current Department Chairperson. If the Department Chairperson approves a change in track, she/he will complete Section III on the request form and forward to the Department Chairperson of the requested track. The Department Chairperson will evaluate the student's request and discuss it with the appropriate track coordinator. The Department Chairperson will complete Section IV and forward the request form to the ADSA.

4. The ADSA will notify the student of the outcome and revise the student's curriculum plan as indicated.

5. A student denied a track change is able to continue study in the track for which the student is already admitted, may reapply for a different track, or request to be placed on a waitlist for the desired track.

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<th>Review or Approval Authority</th>
<th>Responsible Party</th>
<th>Initial Approval / Review</th>
<th>Most Recent Approval / Review Of Changes</th>
<th>Editorial Changes</th>
<th>Policy A-01 Review</th>
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<td>3/13</td>
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<td>4/13</td>
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<td>1/98</td>
<td>4/13</td>
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Request for Change in MSN Degree Track

I. DEMOGRAPHICS
Student (Name): ____________________________ Email: ____________________________
UFID#: ____________________________  Date: ________________
Phone: ____________________________
Present Track: ____________________________ Proposed Track: ____________________________
Semester Enrolled: ____________________________
Part-time _______ Full-Time ________

II. REQUEST (Completed by student and submitted to Office of the Assistant Dean for Student Affairs by October 15)
Reason for Change: ____________________________
Career Goals: ____________________________

III. CHAIRPERSON REVIEW (CURRENT TRACK)
Recommendation of Department Chairperson, Current Track: ____________________________
Approval of Dept Chairperson: YES ____  NO ____
Signature Date ____________________________

IV. CHAIRPERSON REVIEW (REQUESTED TRACK)
Career Goals Congruent with Requested Change: YES____  NO____
Approval of Dept Chairperson: YES____  NO____
Signature Date ____________________________

V. ADSA Action:
Signature Date ____________________________

Original to: ____ Student Record Copy to: ____ Student  ____ Present Dept. Chair  ____ New Dept. Chair
____ Present Track Coordinator  ____ New Track Coordinator