

**Policy S-5.03
UNIVERSITY OF FLORIDA
COLLEGE OF NURSING**

TITLE: CHANGE IN TRACK FOR DNP 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), available at the College Website.
 2. The student completes the request form and forwards to the Associate 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 Program Director. The Program Director will evaluate the student's request and discuss it with the appropriate track coordinator. The Program Director 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 may request to be placed on a waitlist for the desired track.

Review or Approval Authority	Responsible Party	Initial Approval / Review	Most Recent Approval / Review Of Changes	Editorial Changes	Policy A-01 Review
Approval	Administrative Council	6/01	3/13	9/15	3/13
Review	Leadership Council	12/97	4/13	10/15	
Approval	Dean	1/98	4/13	10/15	

- **Bold indicates committee with A-01 review responsibilities.**

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Attachment # 1**

Request for Change in DNP Degree Track

I. DEMOGRAPHICS

Student (Name): _____ UFID#: _____ Date: _____
Email: _____
Phone: _____

Present Track: _____ Proposed Track: _____
Semester enrolled: _____
Part-time _____ Full-Time _____

II. REQUEST (Completed by student and submitted to Office for the Associate Dean for Student Affairs by October 15) Reason for Change:

Career Goals:

III. Program Director Review (Current Track)
Recommendation of Program Director, Current Track:

: YES ___ NO ___

IV.

Career Goals Congruent with Requested Change: YES ___ NO ___

Approval of Program Director: YES ___ NO ___

Signature Date

V. ADSA Action:

Signature Date

Original to: ___ Student Record	Copy to: ___ Student
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