

DNP Add/Change of Specialty Request

This form is for current School of Nursing students who are enrolled in one of the Doctor of Nursing Practice specialties and would like to add or change to a different specialty. You must meet with the coordinator of the new specialty you plan to pursue prior to applying. There is not always space in the class you want to join, and it's best to determine this prior to applying. Specialty coordinator contact information is on the School of Nursing web site: www.nursing.umn.edu.

Note: If interested in adding a specialty, this must be done during your first year in the program so that your final scholarly project can integrate ideas from both specialty areas.

Note: the Nurse Anesthesia and Family Nurse Practitioner DNP programs require a full School of Nursing application. Do not use this form if you would like to apply to the Nurse Anesthesia or Family Nurse Practitioner specialties.

Application Fee: A \$60 fee must accompany this request. The fee may be submitted in the form of a personal check or money order made payable to the University of Minnesota. The fee cannot be waived or deferred and is not refundable.

Supplemental Materials: Submit an unofficial copy of your University of Minnesota School of Nursing transcript along with this form. You can print an unofficial copy from the One Stop web site: www.onestop.umn.edu.

Deadlines: Adding/changing specialties is allowed for any term; however, the Admission & Progression Committee does not meet June through August. Any requests for fall term must be submitted by April 1 to ensure adequate time for review.

Submit the request to the address listed at the bottom of this form. Once the request and fee are received, the information will be forwarded to the appropriate specialty coordinator and then to the Admissions & Progressions committee for review. It takes approximately 4-6 weeks to process and review the request. A decision will be sent to you via email.

U of MN ID (7 digit #) _____

I want to: Add a Specialty Change my Specialty

Last Name _____

Phone Number _____

First Name _____

Email _____

Address _____

Desired start term & year for new specialty _____

City _____

Current specialty _____

State/Province _____ Zip/Postal Code _____

Requested Program _____

Briefly state your goals and objectives in relation to entry into the new specialty. Please include a proposed timeline for completion:

Signature of Coordinator from Requested Specialty _____ Date _____

Signature of Current Advisor _____ Date _____

OFFICE USE ONLY

____ Specialty Add/Change Approved ____ Specialty Add/Change Denied

New/Added Advisor _____

Committee Chair or Designee Signature _____ Date _____

Comments: _____