

# Request to Change Progression Plan

Transition from Part-Time (4 yr) or Full-Time Degree Plan (3 yr)

**Directions to Student & Faculty:** Always consult with your faculty advisor before adjusting your registration related to your Recommended Plan of Study. This form must be completed by September 30 for Spring request or January 30 for Summer/Fall requests. Once this form is complete with information and signatures, submit to the Office of Student & Career Advancement Services. Each request is reviewed on an individual basis; clinical placement must be available in order to meet your request.

**Required Signatures:** Student, Specialty Coordinator and Director of DNP Program

Student Name (L, F): \_\_\_\_\_ UofM ID (7-digit): \_\_\_\_\_ UofM Email: \_\_\_\_\_

By checking this box, I attest that the completed information is accurate. Please accept this as my signature. Date: \_\_\_\_\_

I was admitted to the \_\_\_\_\_ specialty to begin \_\_\_\_\_ with the \_\_\_\_\_

I am requesting to change to the \_\_\_\_\_

Anticipated Month/Year of Degree Completion (based on request): \_\_\_\_\_

Provide brief explanation for your request. (limit: 750 characters)

To ensure course availability and capacity in requested cohort, you must obtain the signature of approval from 1) Specialty Coordinator, and 2) DNP Program Director

Specialty Coordinator: \_\_\_\_\_ Specialty Coordinator Signature: \_\_\_\_\_

Approval (Y/N): \_\_\_\_\_ Justification: \_\_\_\_\_

Director of DNP Program: \_\_\_\_\_ Director of DNP Program Signature: \_\_\_\_\_

[Save document as YourLastName.ProgChange and email to sonstudentinfo@umn.edu](#)

School of Nursing Use Only:

Database Entry:

Approval (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Date Student Contacted: \_\_\_\_\_