

## Student Change/Add Major/Add PGC

This form is required for students who find it necessary to change their major, who wish to add a second major, or add a Post-Graduate Certificate to their program plan. Prior to requesting the change, students should be in good academic standing. Forms submitted without the required signatures will not be processed. Please note that the timing of a request may affect your ability to enroll in required courses.

\*Students who wish to add a Post-Graduate Certificate can only do so with the understanding that they must begin courses immediately following the completion of their MSN/DNP Degree.\*

Students are required to meet with their current Academic Advisor to discuss reasons for the change as well as potential academic implications. The Academic Advisor must sign the form acknowledging that he/she is aware of the request. It is also the student's responsibility to consult with the Office of Financial Aid to understand any possible financial implications. The student should sign and submit the completed form with ALL required documentation needed for faculty review to:

MSN Program Office DUMC 3322 Durham, NC 27710

Fax: 919-660-9243

Email: SON-MSN@dm.duke.edu

The MSN Program Office will coordinate an interview (if needed) with the student and faculty lead of the major/specialty area. Once a final decision is made on the change request, the Office of Student Services will notify the student.



## Student Change/Add Major/Add PGC

Section 1: Student	& Program Intorn	เลเเบท		
Student Name:			Duke Unique ID:	Date:
Program: MSN	Certificate	DNP	Major:	Specialty:
Section 2: Propose	d New Major/PGC			
Is student seeking a	change of major:	Yes	No	
Is student seeking a	double major:	Yes	No	
Is student seeking a	Post-Graduate Cer	tificate: Y	es No	
Proposed New	Added		Major/Certificate:	
Proposed New Grad	uation Date:			
Current Advisor:Signature:			ature:	Date:
Section 3: Addition	al Supporting Doc	cuments Re	equired by MSN Progra	am
Submit personal	statement expressi	ng interest	on proposed change o	r added major/PGC
Submit updated I	Resume/CV			
Submit two new	recommendations	(profession	nal and/or academic)	
Meet with lead fa	aculty of proposed	new major	PGC (MSN Program	Office will schedule and confirm)
I confirm that all re	equired documen	tation liste	ed above are complete	e and attached with this form.
Student Signature:			Date:	
Section 4: Faculty E	Indorsements			
Approved: Yes	No			
Lead Faculty:		Sign	ature:	Date:
Program Director: _		Sign	ature:	Date:
New College A. D.	1			NILI'S NI ALI
Notify Clinical Placements Office				Notify New Advisor
(for office	e use only)			(for office use only)