

Student Change Major/Add PGC

This form is required for students who find it necessary to change their major, or add a Post-Graduate Certificate to their program plan. Prior to requesting the change, students should be in good academic standing, and have completed at least one semester. Forms submitted without the required signatures will not be processed. Please note that based on course offerings, the timing of a request may affect your ability to enroll in required courses. Completed forms should be submitted by the Add/Drop period of the current semester in order to take effect two semesters later.

Submit form by Drop/Add of this Semester

Change Effective

Fall		Summer	
Spring		Fall	
Summer		Spring	

Students must successfully complete and graduate with one major before being allowed to add a second major as a Post-Graduate Certificate. Students <u>are not</u> able to double-major. 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.



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Section 1: Student & Program Inform	ation		
Student Name:	Duke Unique ID): Date:	
Program: MSN Certificate	DNP Current Major: _	Specialty:	
Section 2: Proposed New Major/PGC			
Is student seeking a change of major:	☐ Yes ☐ No		
Is student seeking a Post-Graduate Cer	tificate: Yes No		
Proposed: New Ad	lded Major/Certi	ificate:	
Proposed New Graduation Date:			
Current Advisor:	Signature:	Date:	
☐ Submit personal statement expressi☐ Submit updated Resume/CV☐ Submit two new recommendations☐ Meet with lead faculty of proposed☐ Confirm that all required documen	(professional and/or academic) new major/PGC (MSN Program	m Office will schedule and confirm	
Student Signature:	Date:		
Section 4: Faculty Endorsements			
Approved: Yes No			
Lead Faculty:	Signature:	Date:	
Program Director:	Signature:	Date:	
☐ Notify Clinical Placements Office		☐ Notify New Advisor	
(for office use only)		(for office use only	