



Specialty Add/Delete Request

This form is required for students who wish to either add, or delete a specialty from their academic plan. To initiate the request, the student should first consult with their Academic Advisor regarding the change and potential implications to their academic plan. The student will then need to complete the form and obtain the required signature from his/her Academic Advisor. The form should then be forwarded to the MSN Program Office:

MSN Program Office

DUMC 3322

Durham, NC 27710

Fax: 919-660-9243

Email: SON-MSN@dm.duke.edu

The MSN Program Office may schedule a brief interview for the student and the Specialty Lead Faculty. The Specialty Lead Faculty may request additional information from the student. The Specialty Lead Faculty will then need to indicate if they approve the request, or not. The form should then be forwarded back to the MSN Program Office for processing. Forms submitted without the required signatures from the Academic Advisor, Specialty Lead Faculty and Program Director will not be processed. The request to add a specialty is contingent on good academic standing, professionalism, space availability, and in some cases, prior experience. Students may be removed from a specialty at any time by the faculty due to academic or professionalism concerns.

Specialty Add/Delete Request

Section 1: Student Information

Student Name: _____ Duke Unique ID: _____

Major: _____ Specialty: _____

Section 2: Requested Action

Add: Cardiology

Endocrinology

HIV/AIDS

Oncology

Orthopedics

Palliative Care

Pediatric and Mental Health

Veterans Health Care

Delete: Cardiology

Endocrinology

HIV/AIDS

Oncology

Orthopedics

Palliative Care

Pediatric and Mental Health

Veterans Health Care

Proposed New Graduation Date: _____

(if applicable)

Student Acknowledgement:

By signing below, I fully understand the requirements for earning the specialty at the Duke University School of Nursing, and understand that changes in my program(s) of student may affect my future schedule planning and duration of study. I also understand that this specialty will not be reflected on my diploma, but completion will be documented on my official transcript.

Student Signature: _____ Date: _____

Section 3: Faculty Endorsements

Approved: Yes No

Academic Advisor: _____ Signature: _____ Date: _____

Specialty Lead Faculty: _____ Signature: _____ Date: _____

MSN Program Director: _____ Signature: _____ Date: _____