

## 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. Completed forms should be submitted by the Add/Drop period of the current semester in order to take effect the following semester.

## Submit form by Drop/Add of this Semester

**Change Effective** 

Fall	Summer
Spring	Fall
Summer	Spring

\*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: <u>SON-MSN@dm.duke.edu</u>

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 Inform	ation				
Student Name:			Duke Uni	que 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	les 1	No		
Proposed New	Added		Major/Cer	tificate:		
Proposed New Grad	uation Date:					
Current Advisor:Signature:				Date:		
Submit updated I Submit two new	statement expressi Resume/CV recommendations aculty of proposed equired documen	ng interest (professior new major <b>tation liste</b>	on proposed o nal and/or acao /PGC (MSN I ed above are o	change or add demic) Program Offic complete and	ce will schedul	le and confirm)
Section 4: Faculty I	Endorsements					
Approved: Yes	No					
Lead Faculty:		Sign	ature:		Date	:
Program Director: _		Sign	ature:		Date	:
Notify Clinical P	lacements Office				Notif	y New Advisor
(for offic	e use only)				(for o	office use only)