



Once this form is completed it should be submitted to:

MSN Program Office

Box 3322

307 Trent Drive

Durham, NC 27710

FAX: 919-681-8899

Email: son-msn@dm.duke.edu

**Specialty
Add/Delete Request**

This form is required for students who wish to either add a specialty to or delete from their academic plan. To initiate the request, complete the information below, discuss with your academic advisor, obtain their signature and then forward to the MSN Program Office. The MSN Program Office will contact you to schedule a brief interview with the specialty lead faculty. Forms submitted without the required advisor and program director signatures will not be processed.

SECTION 1: STUDENT INFORMATION

Student Name: _____ Duke Unique ID #: _____

Current Major (and Specialty, if applicable): _____

SECTION 2: REQUESTED ACTION

Add: Cardiology
Endocrinology
HIV/AIDS
Oncology
Orthopedic
Veterans Healthcare

Delete: Cardiology
Endocrinology
HIV/AIDS
Oncology
Orthopedic
Veterans Healthcare

Student Acknowledgement:

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 study may affect my future schedule planning and duration of study. I also understand that this specialty will not be reflected on my degree, but completion will be documented on my transcript.

Student Signature

Date

SECTION 3: FACULTY ENDORSEMENTS

Approved: Yes: No:

Current Advisor: _____ Date: _____

Specialty Lead Faculty: _____ Date: _____

MSN Program Director: _____ Date: _____

Office Use Only: Received on _____ by _____
Recorded on _____ by _____
Notifications sent on _____ by _____