# Student Petition for Program Change

**DATE OF APPLICATION** | **STUDENT ID NUMBER**  

**STUDENT’S FULL NAME**  

**ONLINE STUDENT**  
- Yes  
- No  

**CURRENT CONCENTRATION (CHECK ONE)**  
- ACNP  
- AG-ACNP/CNS  
- ACNP/CCNS  
- FNP  
- NAP  
- NM/WHNP  
- NURS ED  
- HESY  

**STUDENT’S SIGNATURE** | **DATE**  

*Please check one of the following boxes to indicate the type of program change desired.*  

- Change of Program  
  
Attach a typed, one-page explanation of your reasons for changing your concentration and two letters of recommendation (one from a current faculty member and one professional reference).  

**INTENDED CONCENTRATION (CHECK ONE)**  
- ACNP  
- AG-ACNP/CNS  
- ACNP/CCNS  
- FNP  
- NAP  
- NM/WHNP  
- NURS ED  

**INTENDED CONCENTRATION PROGRAM DIRECTOR’S SIGNATURE** | **DATE**  

**CURRENT CONCENTRATION PROGRAM DIRECTOR’S SIGNATURE** | **DATE**  

- Continued Post Master’s Certification  
  
**INTENDED CERTIFICATION (CHECK ONE)**  
- ACNP  
- CCNS  
- FNP  
- NURS ED  

**INTENDED CERTIFICATION PROGRAM DIRECTOR’S SIGNATURE** | **DATE**  

- FOR DEPARTMENT OR PROGRAM USE ONLY  
  
- Approved  
- Denied  

**CONDITIONS**  

**ASSISTANT DEAN’S SIGNATURE** | **DATE**  

*FOR OFFICE USE ONLY: BANNER UPDATED _________________________ HOBSONS UPDATED _________________________*