Request to Change Specialty Area

IMPORTANT: The deadline to submit this form is the mid-point of the semester prior to the term you are requesting the change. Requests received after the mid-point deadline will not be processed for the next term. Mid-point dates are listed in the Academic Calendar which you may access through the GSU website link http://www.gsu.edu/~wwwreg/acadcal.htm.

This form is to be used by a student currently enrolled in the M.S. Nursing Program who wishes to transfer from one specialty area to another. This request will be reviewed by the appropriate faculty members and the Associate Director of Graduate Nursing Programs. Students requesting a change in specialty area will be notified in writing once a decision has been made. It is strongly recommended that until a decision has been made, the student continue to work with his or her faculty advisor and continue to follow the current program's curriculum.

NAME:	PANTHER ID#:

Current Specialty Area:	Term/Year Accepted:
Requested Specialty Area:	Requested Term/Year Effective:

JUSTIFICATION

On the reverse side of this form, please provide a written explanation of why you are requesting a transfer to another specialty area. Please state your reasons in support of this request. Please type or write legibly and sign the statement.

PLEASE RETURN THIS FORM TO:
Barbara Smith
Office of Academic Assistance
College of Health and Human Sciences
Georgia State University
P.O. Box 3995
Atlanta, GA 30302-3995

or by fax
404-413-1001
or in person @ Room 811
Urban Life Center

* THE INFORMATION BELOW IS TO BE COMPLETED BY THE OFFICE OF ACADEMIC ASSISTANCE *

DECISION

Approved Not Approved _____ _____
(Current) Specialty Track Coordinator Date

Approved Not Approved _____ _____
(Requested) Specialty Track Coordinator Date

If approved, the student's new advisor will be (name) _____

Approved Not Approved _____ _____
Associate Director, Graduate Nursing Programs Date