

CHANGE OF APRN SPECIALTY FORM

STUDENT ID	LAST NAME	FIRST NAME	EMAIL ADDRESS	PHONE NUMBER

This form is to be used by MN, MSN, DNP, and PhD students who are admitted into a program of study with an APRN specialty track. Any student in such a program wishing to change their specialty track must consult with both the current specialty director and the proposed specialty director. Approval to change a specialty track will be based on student qualifications and space availability in the “new” specialty program. A change in the specialty track may delay program completion.

Changing APRN Specialty Process:

1. The student initiates a meeting with their program adviser and current specialty director to discuss the possibility of changing specialties.
2. Next, the student initiates a meeting with the proposed specialty director.
3. If the change is possible, the student completes the *Changing APRN Specialty Form* and obtains the signatures of both the current and proposed specialty director.
4. The student submits the *Changing APRN Specialty Form*
5. The Office of the Registrar will obtain the signature of the Assistant Dean for Graduate Clinical Education
6. On approval, a signed copy of the *Changing APRN Specialty Form* will be sent to the student and a copy will be placed in the student record. The student should retain this copy for their records.

PLEASE NOTE: Specialty changes will be processed only at the beginning or end of a semester. Once approved, the student must change their class schedule online in OPUS. If the student requires assistance please send a Request for Registration Support to nursingregistrar@emory.edu.

Students have five (5) years from the first class taken in the School of Nursing to complete their degree. Changing the specialty area will not alter the five (5) year period to complete all degree requirements.

CURRENT SPECIALTY AREA
Enter Specialty:
PROPOSED SPECIALTY AREA
Enter Specialty:

SEMESTER & YEAR OF CHANGE (check one & include year):		
Fall: _____	Spring: _____	Summer: _____
ANTICIPATED GRADUATION DATE (CHECK ONE & INCLUDE YEAR):		
Fall: _____	Spring: _____	Summer: _____

Student Signature

Print Name

Date

Current Specialty Director Signature

Print Name

Date

New Specialty Director Signature

Print Name

Date

Assistant Dean for Graduate Clinical Education

Print Name

Date