



UNIVERSITY OF PENNSYLVANIA
SCHOOL OF NURSING
Change of Program Form

PLEASE USE THIS FORM FOR STUDENTS CURRENTLY ENROLLED IN A GRADUATE PROGRAM.

The Office of Student Services requests that this form be completed and signed by:

- 1) The Student requesting the transfer
2) The Program Directors of the programs involved
3) Graduate Academic Affairs representative

This form must be accompanied by a Plan of Study signed by the Student and the Program Faculty of the Program into which the transfer is occurring.

Once completed, this form should be returned to the Office of Student Services and will ultimately be placed in the student's Office of Student Information file.

Student's Full Name: PENN ID Number:

Address:

City, State, Zip:

Signature of Student:

Program student is transferring from:

Name of Program:

Signature of Program Director: Date

Program/s student is transferring to:

Name of Program #1

Signature of Program Director: Date

Name of Program #2

Signature of Program Director: Date

Signature of Graduate Academic Affairs Representative: Date

FOR STUDENT INFORMATION OFFICE USE ONLY:

Entered by: Date