



# Graduate Academic Change Form

Office of the Registrar  
585-385-8015

Name: \_\_\_\_\_

ID @ \_\_\_\_\_

First semester at SJF: \_\_\_\_\_

Expected graduation term: \_\_\_\_\_

## Advanced Practice Nursing

Current Degree: MS \_\_\_\_\_ DNP \_\_\_\_\_      New Degree: MS \_\_\_\_\_ DNP \_\_\_\_\_

Current Program: AGACNP: \_\_\_\_\_ AGPCNP: \_\_\_\_\_ AGCNS: \_\_\_\_\_ PCFNP: \_\_\_\_\_ PMHNP: \_\_\_\_\_

New Program: AGACNP: \_\_\_\_\_ AGPCNP: \_\_\_\_\_ AGCNS: \_\_\_\_\_ PCFNP: \_\_\_\_\_ PMHNP: \_\_\_\_\_

## MBA

Current Concentration: AC: \_\_\_\_\_ GM: \_\_\_\_\_ HS: \_\_\_\_\_ PI: \_\_\_\_\_

New Program: AC: \_\_\_\_\_ GM: \_\_\_\_\_ HS: \_\_\_\_\_ PI: \_\_\_\_\_

## Education

Current Program: Adolescence Grades 5-12: \_\_\_\_\_ Childhood Grades 1-6 \_\_\_\_\_

New Program: Adolescence Grades 5-12: \_\_\_\_\_ Childhood Grades 1-6 \_\_\_\_\_

By signing this form, I acknowledge that I fully understand the requirements for graduating from St. John Fisher University with a graduate degree in my designated program and am ultimately responsible for meeting those requirements. I also acknowledge that changing my academic program could add additional credits to my program.

Please refer to the appropriate graduate catalog for all program requirements. All requirements listed for my catalog year must be fulfilled as stated unless I am granted an exception or substitution by the program director.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar Office Processor

\_\_\_\_\_  
Date

**Return completed form to: registrar@sjf.edu**