



Graduate Academic Change Form

Office of the Registrar

585-385-8015

Name: _____

ID @ _____

First semester at SJFC: _____

Expected graduation term: _____

Advanced Practice Nursing

Current Degree: MS _____ DNP _____

New Degree: MS _____ DNP _____

Current Program: AGACNP: _____ AGPCNP: _____ AGCNS: _____ PCFNP: _____ PHMNP: _____

New Program: AGACNP: _____ AGPCNP: _____ AGCNS: _____ PCFNP: _____ PHMNP: _____

MBA

Current Concentration: AC: _____ GC: _____ GM: _____ HR: _____ HS: _____ PI: _____

New Program: AC: _____ GC: _____ GM: _____ HR: _____ HS: _____ PI: _____

Literacy Education

Current Program: Birth to Grade 6: _____ Grades 5-12: _____ Birth to Grade 6 & Grades 5-12 _____

New Program: Birth to Grade 6: _____ Grades 5-12: _____ Birth to Grade 6 & Grades 5-12 _____

By signing this form, I acknowledge that I fully understand the requirements for graduating from St. John Fisher College 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 signature

Date

Return completed form to Kearney 201 or by email to: registrar@sjfc.edu