

**University of Arkansas for Medical Sciences
COLLEGE OF NURSING**

TO: College of Nursing, Office of Admissions & Registrar

RE: Change of Graduate Specialty

_____ is changing from the
_____ specialty to the
_____ specialty.

This change is approved by:

Specialty Coordinator of
Original Specialty/Present Advisor

Specialty Coordinator of
New Specialty/New Advisor

Date

Date

New Specialty Coordinator:

Do you have a suggestion for new Faculty Advisor: _____ No
_____ Yes

If yes: _____
Name

Please return this form to the College of Nursing Office of Admissions and Registrar.