



CHANGE OF PROGRAM FORM- Bachelor of Science in Nursing

Request Change in Major from Pre-Nursing to Pre-Licensure Bachelor of Science in Nursing (Nursing Major)

This form must be approved by the Office of the Registrar after being reviewed and signed by all parties (student/advisor/program coordinator).

Last Name: _____ First: _____ Student ID: 0000 - _____

CDU Email: _____ Cell: _____

Nursing Direct Start Semester: Fall Spring Year: _____

Nursing Major Requirements—all requirements must be completed before submitting form. Attach proof of passing TEAS exam. If any of the following requirements are not met, the form will be denied.

TEAS exam passing scores (minimum 75% cumulative score and minimum 75% in all four submodular areas of Reading, English, Math, and Sciences)

All prerequisites are complete with final grades

All official transcripts have been submitted (if applicable)

I hereby request to change my major designation from Pre-Nursing to Nursing. I understand I will be subject to all requirements and enrollment restrictions of the MMDCON and the BSN department.

Student Signature: _____ Date: _____

I have reviewed the student's transition materials to verify that all requirements have been met, and I approved this change of program.

Program Coordinator/Advisor Signature: _____ Date: _____

Office of the Registrar:

Requirements Met:

TEAS Exam **Prerequisite courses complete** **All official transcripts received (if applicable)**

Missing Requirements: _____

Program Change Request: **Approved** **Denied** _____
Office of the Registrar signature Date

Comments:
