Charles R. Drew University of Medicine and Science ● Office of the Registrar
1731 East 120th Street, Los Angeles, CA 90059 ● Phone: (323) 563-4838

CHANGE OF PROGRAM FORM - Bachelor of Science in Nursing

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

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 Direct Requirements: all requirements must be completed before submitting a 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 official transcripts have been submitted**

☐ **Successful completion of NUR 470: LVN to RN: Role Transition 1 (Requires a grade of B or higher)**

☐ **Successful completion of NUR 471: LVN to RN: Role Transition 2 (Requires a grade of B or higher)**

I hereby request to change my major designation from LVN-BSN to Nursing Direct. 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 ☐ Official Transcripts Received ☐ NUR 470 Completed ☐ NUR 471 Completed

COMMENTS: _____

_____

Program Change Request: ☐Approved ☐ Denied ☐ Conditional _____ _____
Office of the Registrar Signature Date

If conditional, explain what is needed: _____

_____