TITLE: CHANGE IN TRACK FOR DNP STUDENTS

POLICY: Students may request a change in track after admission. Students with the experiences and academic achievement to support the requested change may request such a change on a space available basis. Change in track requests may result in extended curriculum plans.

RATIONALE: Each track has enrollment limits based on available clinical placements and faculty supervision.

PROCEDURE:

1. The student requesting a track change obtains the form “Request for Change in Track” (see Attachment #1), also available at the College website: https://nursing.ufl.edu/students/current-students/student-handbook-and-policies/.
2. The student completes their section of the form and sends the form to the Assistant Dean for Student Services (ADSS). Request forms must be received by the Assistant Dean for Student Services by March 15th of the Spring semester.
3. The ADSS will forward the student’s request to the Track Coordinators and the ADAA – Graduate Clinical Education. The Track Coordinators will complete Attachment 1, Section IV after talking with the student and forward the request form to the ADAA-GCE.
4. The ADAA-GCE will review the form and recommendations and, upon decision, the Office of Student Services (OSS).
5. The Office of Student Services will notify the student of the outcome and revise the student's curriculum plan as indicated.
6. A student denied a track change is able to continue study in the track to which the student is already admitted, may reapply for a different track, or may request to be placed on a waitlist for the desired track.
I. DEMOGRAPHICS
Request for Change in DNP Degree Track

Student (Name):______________________ UFID#: ________________ Date:________
Email:_____________________________
Phone:____________________________

Present Track:______________________ Proposed Track: _______
Semester enrolled:___________________
Part-time_____Full-Time___________

II. REQUEST (Completed by student and submitted to OSS by March 15) Reason for Change:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Career Goals:
________________________________________________________________________
________________________________________________________________________

III. Track Coordinator Review (Current Track)

________________________________________________________________________
Recommandation Yes____No_____
________________________________________________________________________

Track Coordinator Review (Proposed Track)
________________________________________________________________________
________________________________________________________________________
Recommandation: Yes____No__________

IV. Career Goals Congruent with Requested Change: YES___ NO____

Approval of Current Track Coordinator:

Signature_________________________. Date__________

Approval of Proposed Track Coordinator Yes____ NO_______

Signature_________________________. Date________________
Policy S-5.03
UNIVERSITY OF FLORIDA
COLLEGE OF NURSING

Approval of Associate Dean - GCE  Yes_____________  NO________

Signature__________________________  Date____________________

V. ADSS Action:

Signature__________________________  Date____________________

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