

Policy S-5.03
UNIVERSITY OF FLORIDA
COLLEGE OF NURSING

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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.

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Attachment # 1

Request for Change in DNP Degree Track

I. DEMOGRAPHICS

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)

Recommendation Yes _____ No _____

Track Coordinator Review (Proposed Track)

Recommendation: 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 _____

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Approval of Associate Dean - GCE Yes _____ NO _____

Signature _____ Date _____

V. ADSS Action:

Signature _____ Date _____

Original to: ___ Student Record	Copy to: ___ Student
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