

UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF NURSING**Application for Change of Practice Area/Concentration for MSN Students**

Application deadlines are 10 days prior to the close of admission; forms will be reviewed during the admissions committee. Student can only submit one change of concentration (COC) while in the program and should continue in their current program until approved or disapproved. You must have been in your present concentration for at least one term prior to requesting a COC. COC is not approved until MSN Director approves form and you receive your official letter which approves or denies your requested COC.

NAME _____ BLAZER ID / B# _____

ADDRESS _____
Number and Street City State Zip CodePHONE _____ EMAIL _____
Indicate: Home, Work, or Cell**I request a change and understand I can only select ONE choice.****What is your current MSN specialty track / subspecialty you wish to change FROM:****Choose from drop down menu below:****What is the MSN specialty track / subspecialty you wish to change TO:****Choose from drop down menu below:**Per my current Program of Study, I plan to enroll in the specialty clinical sequence courses _____, _____
Semester Year

REQUIRED: Submit a current resume or CV and attach an essay (500 word limit not including citations and references) that describes the reason for deciding to change your concentration. Briefly summarize your background professional experience relevant to the specialty you wish to transfer into and rationale for that specialty in your future career goals. Additionally, using APA format, provide a clear and succinct explanation to illustrate the need for master's prepared nurses in your desired specialty area. Please use evidence-based literature to support your discussion.

Student's Signature _____ Date _____

PLEASE FILL IN ALL FIELDS ABOVE, PRINT OFF AND SIGN DOCUMENT**RETURN APPLICATION, RESUME/CV, AND ESSAY TO MSN PROGRAM MANAGER, FAX (205) 934-5490****OFFICE USE ONLY**

MSN Pgm Mgr: Received by _____ Date _____ CV _____ Essay _____ Form _____ Transcript _____ Letter _____ Notify Advisor _____

Current Advisor's Name (Please Print) _____**Current Advisor's Signature** _____ **Date** _____

Recommendation from New Practice Area Coordinator: _____

New Specialty Track Coordinator (Please Print) _____**New Specialty Track Coordinator Signature** _____

Final Decision: Approved _____ Denied _____ Newly Assigned Advisor (Please Print) _____

MSN Program Director's Signature: _____ Date: _____