

## 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.

ADDRESS    Number and Street   City   State   Zip Code	NAME	BLAZER ID / B#				
PHONE	ADDRESS					
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 it 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	Number and Street		City	State	Zip Code	
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MSN Program Director's Signature:Date:		, ,	,			