Graduate Change of Program of Study Form

Office of Student Records
Email - registrar@mercycollege.edu.

MercyCollege of Ohio

STUDENT INFORMATION

Name:_____ _____ _____
First Middle Initial Last

Student ID #: _____ Phone #: _____ College Email: _____

Program of Study: _____

PROGRAM OF STUDY CHANGE INFORMATION

INDICATE THE SEMESTER THE CHANGE OF PROGRAM OF STUDY IS EFFECTIVE: _____

INDICATE CHANGE REQUEST:

☐ Change of Program of Study
☐ Add Second Program of Study
☐ Remove Second Program of Study

SELECT FROM THE FOLLOWING AVAILABLE PROGRAMS:

MASTER'S DEGREES

☐ Master of Science in Nursing – Education Track
☐ Master of Science in Nursing – Leadership Track
☐ Master of Health Administration

POST MASTER'S CERTIFICATES

☐ Post Master's Certificate in Nursing Leadership
☐ Post Master's Certificate in Nursing Education

NOTES

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SIGNATURES

_____
Student Signature Date

_____
Program Director (or Designee) Signature Date