

# change of advisor / specialty form

Please complete and return this form to the Graduate Programs Office in Cushing 202H.  
For any questions, please call 617-552-4928.

Date: \_\_\_\_\_ When do you plan to enroll in clinical? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Term Entered Program: \_\_\_\_\_

**Current** Advisor (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**New** Advisor (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Specialty in which you **began** program (for Master's Students):

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Health <input type="radio"/> CNS <input type="radio"/> NP          | <input type="checkbox"/> Palliative Care - Adult Health <input type="radio"/> CNS <input type="radio"/> NP          |
| <input type="checkbox"/> Community Health CNS   | <input type="checkbox"/> Palliative Care - Community Health CNS   |
| <input type="checkbox"/> Family Nurse Practitioner (FNP)  | <input type="checkbox"/> Palliative Care - Gerontological Health <input type="radio"/> CNS <input type="radio"/> NP |
| <input type="checkbox"/> Gerontological Health <input type="radio"/> CNS <input type="radio"/> NP | <input type="checkbox"/> Pediatric Health <input type="radio"/> CNS <input type="radio"/> NP                        |
|   | <input type="checkbox"/> Psychiatric Nursing CNS/NP   |
|   | <input type="checkbox"/> Women's Health Nurse Practitioner (WHNP)   |

Specialty that you are **changing to** (ie. **New Specialty**):

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Health <input type="radio"/> CNS <input type="radio"/> NP          | <input type="checkbox"/> Palliative Care - Adult Health <input type="radio"/> CNS <input type="radio"/> NP          |
| <input type="checkbox"/> Community Health CNS   | <input type="checkbox"/> Palliative Care - Community Health CNS   |
| <input type="checkbox"/> Family Nurse Practitioner (FNP)  | <input type="checkbox"/> Palliative Care - Gerontological Health <input type="radio"/> CNS <input type="radio"/> NP |
| <input type="checkbox"/> Gerontological Health <input type="radio"/> CNS <input type="radio"/> NP | <input type="checkbox"/> Pediatric Health <input type="radio"/> CNS <input type="radio"/> NP                        |
|   | <input type="checkbox"/> Psychiatric Nursing CNS/NP   |
|   | <input type="checkbox"/> Women's Health Nurse Practitioner (WHNP)   |

[for office use only]

New Specialty Department Chair Name: \_\_\_\_\_

Signature (if needed): \_\_\_\_\_

Graduate Office Associate Dean's Signature: \_\_\_\_\_

Requests for Change in Specialty are not automatically guaranteed. Each student's situation is considered individually based on preparation and previous experience in the field as well as availability of space in the program requested.