

UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF NURSING

Application for Change of Practice Area/Concentration

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. The COC is not approved until program leadership make a decision and you receive your official letter which approves or denies your requested COC.

NAME _____ BLAZER ID / B# _____

ADDRESS _____
Number and Street City State Zip Code

PHONE _____ EMAIL _____
Indicate: Home, Work, or Cell

Which degree program are you currently enrolled in? MSN _____ DNP _____

I request a change and understand I can only select ONE choice.

What is your current program specialty track you wish to change FROM:

Choose from drop down menu below:

What is the program specialty track 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 graduate 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 THE OFFICE OF STUDENT SUCCESS,
BY EMAIL TO sonstudaffrs@uab.edu**

OFFICE USE ONLY

Recommendation from New Practice Area Coordinator: Approved _____ Denied _____

New Specialty Track Coordinator (Please Print) _____

New Specialty Track Coordinator Signature _____

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

Program Director's Signature: _____ Date: _____