



Request for Change of Status

Upon completion of this form please email or print and submit to the Office of Enrollment Services

First Name: _____ Last Name: _____

Student ID #: _____ Date: _____ Effective Term: _____

Classification: 1st Year Pre-Specialty Entry 2nd Year Pre-Specialty Entry Direct Entry
 Post-Master’s Certificate Doctor of Nursing Practice

Current Status: Full-Time Part-Time (2-year) Part-Time (3-year)
 DNP (5 semester) DNP (6 semester)

New Status Requested: Full Time Part-Time (2-year) Part-Time (3-year)
 DNP (5 semester) DNP (6 semester) Add NE Certificate
 Add a Specialty _____
 Drop a Specialty _____

Clinical Placement Change: OMTA to MTA MTA to OMTA State: _____ N/A

Reason for Change:



Student Checklist:

I have notified Kristie Smith, Director of Financial Aid at k.smith1@vanderbilt.edu.
(not required for clinical placement change)

I have discussed this change of status with my faculty advisor.

I have submitted a new goal statement and updated letter of recommendation to
vusn-studentrecords@vanderbilt.edu *(applicable only to students adding a specialty).*

Student Signature: _____

Academic Director Signature: _____ **Date:** _____

Director of Student Financial Services Signature *(not required for clinical placement change):*
_____ **Date:** _____

Senior Associate Dean for Academics Signature *(not required for clinical placement change):*
_____ **Date:** _____



Note: This form must be completed (all signatures acquired) and submitted to the Office of Enrollment Services prior to registration for classes in the new status. Course withdrawals are subject to applicable deadlines for the semester. Class enrollment adjustments are the responsibility of the student, unless otherwise notified. Submit this form to the Office of Enrollment Services in 173 or 172 SON or by email to: vusn-studentrecords@vanderbilt.edu.