

EMORY UNIVERSITY
NELL HODGSON WOODRUFF SCHOOL OF NURSING

ADD OR CHANGE OF GRADUATE SPECIALTY

Form must be completed by faculty coordinators of current and proposed area of specialty. Completed form must be returned to the Office of Enrollment and Student Affairs (Room P10) by **October 1** of the first semester of the APRN graduate program. **PLEASE NOTE:** Specialty changes will be processed only at the beginning or end of a semester. Be sure to change your class schedule in OPUS as necessary.

Student's Name _____ Emory ID _____

What is your expected date of graduation? Term _____ Year _____

(Must select one)

- I wish to CHANGE APRN Specialty
- I wish to ADD an APRN Specialty

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Current Graduate Specialty _____

Specialty Coordinator _____

Signature of Specialty Coordinator _____ Date _____

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Proposed Graduate Specialty PLAN 1 _____

Proposed Graduate Specialty PLAN 2 (if applicable) _____

New Specialty Coordinator _____

Signature of Specialty Coordinator _____ Date _____