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

Current Graduate Specialty__________________________________________________________

Specialty Coordinator ________________________________________________________________

Signature of Specialty Coordinator______________________________Date____________________

Proposed Graduate Specialty PLAN 1 ________________________________

Proposed Graduate Specialty PLAN 2 (if applicable)______________________________

New Specialty Coordinator___________________________________________________________

Signature of Specialty Coordinator______________________________Date____________________