

UNIVERSITY OF WISCONSIN-EAU CLAIRE
COLLEGE OF NURSING AND HEALTH SCIENCES

UNDERGRADUATE NURSING PROGRAM PLAN CHANGE FORM

This form must be completed for any change in the student's Nursing program, such as study abroad, illness, course withdrawal/failure. For program plan changes related to Study Abroad or National Student Exchange, this form should be submitted to the College of Nursing and Health Sciences Dean's office 9 months in advance. If the program is being altered for reasons other than study abroad, the revised plan should be submitted AS SOON AS POSSIBLE after the need for change has been identified.

DATE _____

NAME _____ ID NUMBER _____

LOCAL ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE NUMBER (____) _____ EMAIL _____

DATE OF ADMISSION to University of Wisconsin-Eau Claire _____

DATE OF ADMISSION to the Nursing program _____

MEET WITH YOUR NURSING ACADEMIC ADVISER TO COMPLETE THIS FORM

Describe the program change being requested and reason for the change:

Outline your plan for making changes in your progression in the nursing program -**Attach revised program plan**

Nursing courses taken Semester before change	Planned Change	Re-Entry Courses
Semester _____	Semester _____	Semester _____
1.		
2.		
3.		
4.		
5.		

Please Print Form for Signatures

Student Signature Date Academic Advisor Date

Approved by: _____
Department Chair of Nursing Date

Approved by: _____
Assistant Dean of Nursing Date