VCU School of Nursing Graduate Program
CURRICULUM PLAN CHANGE FORM

(*Form to be completed by any student requesting a curriculum plan change of any type: includes change in full-time or part-time status; change in when course is to be taken; failure to meet progression standards with a waiver; leave of absence; decision to not enroll for one or more semesters (excluding Summer, unless that was part of the student's curriculum plan), or a change of concentration (submit a Change of Concentration Form, too).*

This form must be signed by the student, and the advisor, prior to submitting it to the Office the Associate Dean for Academic Programs. A completed revised Generic Curriculum Plan Form must be attached, also. *The revised curriculum plan* ***must be understandable****, clearly delineating what courses the student will take with semester and year noted,* ***and must conform to course sequencing as dictated by current approved graduate curriculum plans, and meet all course pre- and co-requisites****. Since the data from the curriculum plan is entered into our graduate program database with which we project enrollments and clinical placements, any curriculum plan which is not clear, will not be accepted and will be returned.*

Student Name: _____ Student E-mail: _____
Student's Address: _____
Student I.D. Number: _____
Advisor: _____
Concentration: _____

"I am requesting a change in my curriculum plan that alters the plan that I agreed to follow at the time of admission. I understand that this change must be approved by my advisor and the Chair of the Department of my concentration. I understand that if this change is approved by my advisor and Chair, I forfeit any guarantee of a clinical placement for a one year period after the effective semester of the change. It is my understanding that my name will be placed on a wait list for clinical placements if no clinical placements are available, and that this decision may result in a delay in my graduation, due to the need to rework my curriculum plan, which must conform to course sequencing as dictated by current approved graduate curriculum plans, and meet all course pre- and co-requisites."

Effective Semester and Year of Revision: _____ _____
Semester Year

_____ _____
Student Signature Date

_____ _____
Advisor Signature Date

_____ _____
Associate Dean Signature Date

For student on leave of absence, effective semester is the semester of return. Students going on a Leave of Absence should complete this form and turn it in along with the Request of Leave of Absence form and a Generic Curriculum Plan form.

Assoc. Dean's Office: send copies of this form to: Student, Advisor, File; Send letter with result, copied to student, and advisor.