



Nursing Student Affairs
University of California, San Francisco
2 Koret Way, Room N319X
San Francisco, CA 94143-0602

PETITION TO CHANGE SPECIALTY

(For MS Students Only)

If you are an MS student and are requesting to change from a **non-primary health care specialty to another non-primary health care specialty**, please obtain the signatures of both coordinators and return this form to the Office of Student Affairs. This is also the case if you are changing from a **primary health care specialty to a non-primary health care specialty**.

If you are requesting to change from a **non-primary health care specialty to a primary health care specialty**, please talk with the coordinators of both specialties and obtain their signatures. Return this form, together with a new goal statement, to the Office of Student Affairs. *Please note that the faculty signatures do not constitute approval of the change but rather acknowledge that you are seeking to change.* In most cases, the application to change a primary care specialty will be held until winter quarter screening of new applications. You will be notified by mail of a decision once this process has been completed.

Name:

Date:

Current Specialty:

New Specialty:

FOR FACULTY:

If the student is requesting to change from a non-primary care specialty to another non-primary care specialty, your signatures will constitute authorization. If the student is requesting to change from a non-primary care specialty to a primary care specialty, your signatures do not constitute approval but rather acknowledgement of the student's wishes.

Signatures: _____
Current Adviser

New Specialty Coordinator

New specialty coordinator should assign new adviser:
New Adviser

Change effective as of:

FOR OSA USE ONLY

- Petition approved
- Petition denied
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- Goal statement obtained
- New specialty coordinator informed that petition and goal statement are in OSA
- OSA memo sent informing student of decision
- New adviser assigned and data entered into data base