

Change of Program Request

Completed form should be returned to nursing@loyno.edu

Students desiring to transfer from their current program into a new program should complete and sign the form below. Students are advised to discuss this decision with their advisor. Your advisor's information can be found in your LORA account.

Student Name:

Campus-Wide ID#:

Current Program:

New Program:

I understand that by signing and submitting this form, I have agreed to be transferred from the program that I am currently enrolled in (Current Program) to the new program specified above (New Program).

Student Signature

Date

Student Printed Name

Program Director Signature **

Date

Program Director Printed Name

** Please obtain your **NEW program director's** signature before submitting.