College of Nursing M.S. in Nursing Program
Petition to Change To/From Full Time/Part Time Status

Students may request a change to change from or to fulltime or part time status for the post-licensure portion of the M.S. in Nursing program. Consideration is based on available space within a given specialty track in which the student is enrolled. The student must also be in good academic standing and making reasonable progress in the Program (refer to M.S. in Nursing Student Handbook, Academic Standards and Progression in the Program. Approval of a request to change enrollment status is not guaranteed.

Initiation of a petition to change to/from full time or part time status requires review and approval of the student’s advisor and the specialty track director for the specialty track of enrollment,

Steps:
1. The student must contact their advisor to discuss possibility of change in status within their specialty.
2. If advisor approval is obtained (signature required below), the student should then contact the specialty program director to discuss the request.
3. If specialty track director approval is obtained (signature required below), the student should contact their advisor to obtain an updated curriculum plan (plan of study) for the applicable full time or part time plan of study.
4. The completed form with all required signatures and an updated copy of the curriculum plan should be submitted to the College of Nursing Graduate Records Office to CON-gradrecords@osu.edu by the student.

Student Name_____________________________________________________________Date:________________

Specialty Track (specify if online/on campus):_______________________________________________________________________

Current Status: FULLTIME PART-TIME

Request to change to: FULLTIME PART-TIME

Effective: (Semester and year) ___________________________________

Emails may be submitted in place of the required signatures.

Student Signature: _____________________________________________________ Date:________________

Advisor signature: _____________________________________________________ Date:________________

Specialty track director signature: _________________________________________ Date:________________

☐ Can accommodate  ☐ Unable to accommodate

9.8.16