

UNIVERSITY OF HARTFORD

COLLEGE OF EDUCATION, NURSING AND HEALTH PROFESSIONS

Master of Nursing Change of Concentration Form

First Name: _____ Last Name: _____

University ID: _____ Email Address: _____

Current MSN Concentration: Education Management Public Health

New MSN Concentration: Education Management Public Health

Explanation: _____

I am requesting to change my concentration (focus area) in the Master of Nursing program. I understand this change will impact my required concentration courses and may impact electives I am required to take.

Student Signature: _____ Date: _____

Faculty Advisor: _____ Date: _____

Program Director: _____ Date: _____

Dean or Designee: _____ Date: _____

Entered By: _____ Date: _____