

## Change of Program Request

Completed form should be returned to [nursing@loyno.edu](mailto: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:** \_\_\_\_\_

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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 Coordinator Signature \*\* \_\_\_\_\_ Date

\_\_\_\_\_  
Program Coordinator Printed Name

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