



UNIVERSITY OF CENTRAL FLORIDA

**PLAN OF STUDY CHANGE REQUEST FORM**

Please initial by each of the following to confirm that you are aware of each item:

- \_\_\_\_\_ Students must have completed at least 1 semester for consideration.
- \_\_\_\_\_ Requests for leave of absence and deceleration are considered for extenuating circumstances only.
- \_\_\_\_\_ Supporting documentation may be required.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student PID \_\_\_\_\_ Email: \_\_\_\_\_@knights.ucf.edu

**Program:**     MSN                       DNP                       PhD                       Certificate

**Specify Track:** \_\_\_\_\_                      **Admit Term:** \_\_\_\_\_

**Enrollment**     Full-time                       Part-time                      **Graduate GPA:** \_\_\_\_\_

**CHECK ONE:**

- Change FT or PT status
- Leave of absence for 1 semester
- Decelerate enrollment to 1 course per semester (include number of semesters below, up to 2 semesters)
- Course substitution or transfer (syllabus must be attached)
- Other \_\_\_\_\_

DESCRIBE REQUEST AND REASON TO SUPPORT REQUEST (attach additional pages as needed):

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

**RESOLUTION:** The above petition has been reviewed by the program director with the following decision:

- Approved                       Approved with Conditions                       Not Approved

CONDITIONS AS SPECIFIED BY PROGRAM DIRECTOR:

**Program Director Name:** \_\_\_\_\_ **Program Director Signature:** \_\_\_\_\_