REQUEST FOR CHANGE OF ADVISOR TO SCHOOL OF NURSING

**I AM REQUESTING TO (CHECK ALL THAT APPLY):**

\_\_\_\_CHANGE MAJOR TO PRE- HEALTH “HEALTH PROFESSIONS EXPLORATION”

\_\_\_\_ CHANGE ADVISOR TO SCHOOL OF NURSING ADVISOR **(minimum 3.0 GPA required)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: FR SO JR SN 2nd Degree

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a (CHECK ONE):

\_\_\_\_ continuing UNCG student:

How many hours have you completed at UNCG? \_\_\_\_\_\_\_ s.h.

What is your current UNCG GPA?\_\_\_\_\_\_\_ **(minimum 3.0 GPA required)**

\_\_\_ new incoming transfer/second degree student

List all colleges/universities previously attended, with # hrs. taken, and GPA earned

|  |  |  |  |
| --- | --- | --- | --- |
| **College/University** | **Dates attended** | **Hrs. earned** | **GPA** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total GPA across all institutions attended: \_\_\_\_\_\_\_

**Information will be confirmed by the Advising Center. Please allow at least 2 weeks for processing.**

Please read and sign the following:

I understand that declaring Health Professions Exploration as a major does not guarantee admission in the Upper Division Nursing major. I also understand that I must maintain **at least** a 3.0 cumulative GPA to apply to the Nursing Major. I know that admission to the Nursing Program is highly competitive and that meeting the minimum requirements does not guarantee admission. I realize that, to remain assigned to an advisor in the School of Nursing, I must maintain a GPA of at least 3.0.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

The form can be submitted by email attachment to pasimpso@uncg.edu or a copy can be deposited in the **locked box located outside the Advising Center in Moore Building**. Copies submitted by mail should be sent to:

|  |  |
| --- | --- |
| Philip Simpson  UNCG School of Nursing  PO Box 26170  Greensboro, NC 27402-6170  **Keep a copy of this form for your records.** | For Department Use Only  * Major Changed in Banner Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ * Advisor Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |