

**STUDENT INFORMATION**

Student Name:	Reference Number (Finance Only): _____
Student ID Number:	Current Focus 1: Remove:
Phone Number:	Current Focus 2: Remove:
Email Address:	Add Focus:
Current Program:	Focus 1:
New Program:	Focus 2:

**IMPORTANT**

- If **requesting a change to a Thesis Route**, please submit a 500-word Thesis Route Letter of Interest outlining anticipated program and thesis timelines and describing the area of research focus for the thesis.
- If **requesting a change from MHS to MN: GEN**, you must have a BN, BSN, Bachelor of Technology with a specialty in Nursing (UBC), or a BScN. Both fees are required.
- If you are **leaving a program with a clinical/practicum component**, and you currently have Typhon access (planning/taking a clinical or practicum course), please contact one of the following to update your Typhon profile:  
**Counselling:** [gcappracticumadmin@athabascau.ca](mailto:gcappracticumadmin@athabascau.ca) or **Nurse Practitioner:** [fhdyphonadmin@athabascau.ca](mailto:fhdyphonadmin@athabascau.ca)
- If **requesting a change to an NP Program**, applicants must meet all **NP admission requirements**--including a minimum GPA of 3.5 (the 30 most recent credits). Please include the following with your form:

Proof of Current Canadian RN license  
Letter of verification confirming 5000 hours of recent clinical practice as a Registered Nurse (from your employer or college of registered nurses).

A current CV  
A typed personal essay explaining why you should be admitted to this program (describe your interest in primary healthcare—under 500 words).

**PAYMENT AND SIGNATURE**

I am enclosing the **non-refundable** Application Fee

I am enclosing the **non-refundable** Admission Fee  
(Only charged if application is successful)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please direct your completed form and any questions you may have to:

Counselling Students: [gcapadmin@athabascau.ca](mailto:gcapadmin@athabascau.ca) or Nursing/Health Studies Students: [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

*For office use only:*

**Director/Chair Approval:**

For **MN:NP** requests only:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

The personal information collected on this form is used to process your program changes. This personal information is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Faculty of Health Disciplines, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3.

**Updated: 14-Dec-2022**