Name: _________________________________________   ID @________________________________
First semester at SJFC: ___________________________                     Expected graduation term: _______________

**Advanced Practice Nursing**

Current Degree:   MS _______ DNP _____                       New Degree: MS _______ DNP _____


**MBA**


**Literacy Education**

Current Program:  Birth to Grade 6: _____ Grades 5-12: _____ Birth to Grade 6 & Grades 5-12 _____
New Program:      Birth to Grade 6: _____ Grades 5-12: _____ Birth to Grade 6 & Grades 5-12 _____

By signing this form, I acknowledge that I fully understand the requirements for graduating from St. John Fisher College with a graduate degree in my designated program and am ultimately responsible for meeting those requirements. I also acknowledge that changing my academic program could add additional credits to my program.

Please refer to the appropriate graduate catalog for all program requirements. All requirements listed for my catalog year must be fulfilled as stated unless I am granted an exception or substitution by the program director.

_____________________________                  ________________
Student signature                  Date

_____________________________                  ________________
Program Director signature        Date

_____________________________                  ________________
Registrar signature                  Date

Return completed form to Kearney 201 or by email to: registrar@sjfc.edu