

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 fhdgradpracticum@athabascau.ca.

Students requesting a move to a **Nurse Practitioner (NP) Program** must use the [Graduate Program Application Form](#). Please review all [NP admission requirements](#) and deadlines prior to paying your non-refundable application fee.

PAYMENT AND SIGNATURE

I understand that some changes may require payment of the **non-refundable** Application and/or Admission Fees to process this request.

Student Signature: _____ Date: _____

Please direct your **completed form** and any questions you may have to fhdgradadmin@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: 14Mar2025