



RESEARCH COLLEGE OF NURSING

GRADUATE DUAL TRACK FORM*

Student Contact Information

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Primary Track: ANP _____
CNL _____
ENP _____
FNP _____
NED _____

DUAL Track: Nurse Executive Certificate _____
Nurse Educator Certificate _____

*I understand that approval in this additional track is required to be added to my current track and it will result in additional course requirements.

Student Signature _____

Date _____

For Faculty Signatures Only

Primary Academic Advisor: _____
(Signature) (Date)

DUAL Academic Advisor: _____
(Signature) (Date)

Graduate Program Director: _____
(Signature) (Date)

For College Use Only

Approved by Associate Dean: _____

Date: _____ GRADPRO: _____

Original to Registrar, copy to Primary Advisor, copy to DUAL Advisor, and GP Director.