

Effective: October 2023

Charles R. Drew University of Medicine and Science ● Office of Registration & Records 1731 East 120<sup>th</sup> Street, Los Angeles, CA 90059 ● Phone: (323) 563-4838

## **CHANGE OF PROGRAM FORM- Bachelor of Science in Nursing**

## Request Change in Major from Pre-Health/Pre-Nursing to Pre-Licensure Bachelor of Science in Nursing (Nursing Major)

This form must be approved by the Office of Registration and Records. Students who register for courses outside of their approved program are not guaranteed credit toward their graduation requirements. Submit completed form to <a href="mailto:transfercredit@cdrewu.edu">transfercredit@cdrewu.edu</a>

Last Name:	First Name:		Student ID:			
DU E-Mail:			Cell:			
Nursing Major Requirements Attach proof of passing TEA indicate them on the next page	S exam. If you h					
		ninimum 75% cumulativ sh, Math, and Science		mum 75%	in all four	
I hereby request to change m will be subject to all requiren						
Student Signature:			Date	Date:		
If you have any courses <i>in progress</i> at another institution, please indicate them below.  Attach a copy of your class schedule or unofficial transcript to the application.  Math and Science courses must have a grade of B or better to be accepted. All other courses require a grade of C or better.						
Required Course	Institution	Course Title	Course Code	Units In Progress	Course End Date	
Example: College Algebra	LACC	College Algebra	MATH 245	3	12/22/23	
Requirements Met: Yes		istration and Records: Requirements:				
Program Change Request	Approved	Denied:				
Comments:	<u> </u>	Signature		Date		