



University of Colorado Denver
COLLEGE OF NURSING

Request to Add a Post-Master's Certificate Specialty Option

This form is to be completed **ONLY** when a student is currently in one Master of Science specialty option in the College of Nursing and wishes to add a Post-Master's Certificate. **PLEASE NOTE: A SECOND MASTER'S DEGREE IS NOT GRANTED. Admission to the requested option is not guaranteed.**

PLEASE PRINT OR TYPE:

Student Name _____ Student ID _____ Date _____

Term of admission to the MS program _____ Specialty option _____

Requested Post-Master's Certificate option _____ (start term) _____

Anticipated completion of first option _____ Anticipated completion of second option _____

1. Please state your rationale for this addition. (Attach sheet if necessary)

2. Academic status:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) Is your admission status currently "provisional"? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are you currently on academic probation? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have you earned a grade of B- or less in any course in your current program option? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Do you currently have any grade(s) of IW or IF?
If so, please list. | <input type="checkbox"/> | <input type="checkbox"/> |

Student Signature Date
I understand that this request and approval is for a Post-Master's Certificate and I will NOT RECEIVE an additional Master's Degree.

Student Instructions:

Request to Add a Post-Master's Certificate form must first be signed off by your current Advisor, Specialty Option Coordinator and your new/requested Specialty Option Coordinator. Then return form to CON Student Affairs and Diversity for Assistant Dean signature.

Approved Denied

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Current Assigned Advisor Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Current MS Program Option Coordinator Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Additional MS Program Option Coordinator Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Director of MS Program Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Assistant Dean, Office of Student Affairs and Diversity Signature	Date

After all above signatures have been completed, route to Mary Diaz.

For Admission, Student Services and Diversity office use only-

- _____ Student file
- _____ SIS
- _____ Copy to MS Program Office
- _____ Copy to Graduate School