

APPENDIX A

MGH INSTITUTE OF HEALTH PROFESSIONS School of Nursing

Notification of Change of Academic Advisor

Please fill out the information below and obtain the appropriate signatures.

Student: _____

Program Level: _____ Generalist/Pre-RN _____ Advanced Practice/RN

Specialty track: _____

Former Advisor: _____

New Advisor: _____

Effective Date: _____

Signature of New Advisor: _____

Date: _____

Signature of Former Advisor: _____

Date: _____

Please return completed form to Nursing Program Office

Received in Nursing School Office: Date: _____ by _____

cc to: Student
Former Advisor
New Advisor

Rev11