

**RN-to-BSN Online Program:
Change of Delivery (F2F to Online)**

Version 6 (Last updated Nov. 20th, 2018)

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This Change of Delivery (COD) form is only for those already admitted to the face-to-face (F2F) format of the RN-to-BSN Program. COD requests for other programs use a separate form (www.millersville.edu/onlineprograms/forms.php#COD).

We strongly recommend you **consult with your advisor** before completing this form.

This form must be completed in full (i.e., *both* pages) by the student. We suggest filling it out right on your device using your PDF viewer. Be sure to fill out all fields on both pages, and save once finished. Once saved, submit your completed form to OnlinePrograms@millersville.edu. Bear in mind that this email must be sent either from your Millersville email address, or the one provided to the Admissions Office on your original application (it may be rejected otherwise).

For questions, contact Online Programs at OnlinePrograms@millersville.edu or (717) 871-7200.

– General Admissions Information –

Full Name: _____
(Format: First Middle Last)

MU ID#: _____ Birthdate: _____
(E.g., M01234567) (Format: MM/DD/YYYY or Month DD, YYYY)

Email Address: _____
(Must match the email address from which you will be sending this form)

Preferred Starting Term: _____
(E.g., Spring 2019. We will make every effort to accommodate this preference if possible)

– Primary RN License Information –

(Even if you have not yet earned your RN license, you must fill out all necessary fields in this section)

License State: _____ License Number: _____
(Where you earned or will earn your RN license. E.g. PA) (E.g., RN123456. Leave blank if not yet earned)

License Status: Active Pending Other
(Choose *one* option) (In good standing) (Write when below) (Explain fully below)

License Details

(If you chose "Other" or have any other relevant details about your license to share, explain *fully* in space below)

Pending Date: _____

(If you chose "Pending", write here when you plan to earn your license. Format: MM/YYYY or Month YYYY)

– Second (2nd) RN License Information –

(If you have only one RN license, leave this section blank. Otherwise, if you have or will have an RN license in another state, fill out all necessary fields below. For a third license or more, email details to OnlinePrograms@millersville.edu)

2nd License State: _____ 2nd License Number: _____

2nd License Status: Active Pending Other

2nd License Details

2nd Pending Date: _____

Please be sure to also complete the second page of this form before submitting it to the Office of Online Programs.

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This is page two of the BSN Online COD request form. Please be sure you have completed all necessary fields on both the first page as well as this page before submitting your saved and completed copy to OnlinePrograms@millersville.edu.

You must initial and date at the bottom of this form or it will be rejected.

For questions, contact Online Programs at OnlinePrograms@millersville.edu or (717) 871-7200.

- Identifying Information -

(Please provide this information here also, just in case your form should be printed and the pages become separated)

MU ID#: _____ Birthdate: _____
(E.g., M01234567) (Format: MM/DD/YYYY or Month DD, YYYY)

- EU GDPR Consent -

(Carefully read the following and indicate your consent below. We may be unable to process your request otherwise)

- 1) Pursuant to the European Union General Data Protection Regulation (EU GDPR), the Pennsylvania State System of Higher Education and its member universities, including Millersville University of Pennsylvania ("University"), in its capacity as a data controller under the EU GDPR, must obtain explicit, affirmative consent before it can collect or process any sensitive or personal data for a lawful basis including for admission and enrollment purposes.
- 2) Sensitive data includes data revealing racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic or biometric data; health data; or data concerning a person's sex life or sexual orientation.
- 3) Any sensitive or personal data that is collected will be for the sole purpose of application for admission to the University that is sent from the EU and is necessary for that purpose or for any purpose permitting the use of sensitive or personal data under applicable law or to meet other compliance obligations of the University.
- 4) I understand that any sensitive or personal data that is collected will also be used to report serious illness, injury, or other health or emergency situations involving me, as well as to address or report discrimination, harassment, sexual or gender-based misconduct and criminal behavior which may be committed by or against me or otherwise involve me, on or off campus, to appropriate authorities including staff, faculty, and administrators of the University or appropriate legal or governmental authorities under applicable policies of the Pennsylvania State System of Higher Education or the University (including but not limited to applicable codes of conduct) and applicable laws (including but not limited to Title IX and the Clery Act).
- 5) I understand that refusal to consent to the use of sensitive or personal data, and the transfer of sensitive or personal data overseas, for the purpose outlined in this notice may make it impossible for the University to carry out necessary activities, and may preclude the University's ability to provide requested services.
- 6) I understand I have the right to withdraw consent to the collection and processing of sensitive or personal data and to do so, I must contact the Online Programs office at (717) 871-7200 or OnlinePrograms@millersville.edu. I also understand that the complete deletion of data will not be feasible in all situations to ensure the University's ability to comply with regulatory requirements.

By checking the box to the right, I acknowledge that I have read and agree to the terms above.

(After carefully reading the above, please agree to the terms. We may be unable to process your request otherwise)

- Final Confirmation of COD Request -

(You must complete this final section, or your form will be rejected and we will be unable to process your request)

By filling out this form *in full* and writing my initials in the box to the right, I acknowledge that I am officially indicating to the Office of Online Programs my desire to switch delivery format to the 100% online RN-to-BSN Program.

(Please write your initials in the box to indicate your agreement with the above statement)

Date: _____
(Today's date. Format: MM/DD/YYYY or Month DD, YYYY)