



SIMMONS UNIVERSITY
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617-521.3144
registrar@simmons.edu

MS NUTRITION PROGRAM DETACHMENT FORM

Students who are concurrently pursuing more than one graduate nutrition program at Simmons are assigned a single bundled program code in Workday to reflect the various programs of study, with one graduation date for the bundled programs. Students who complete all requirements for the MS program before completing the remaining programs must complete this form to request their MS program be detached from the bundle for the purpose of receiving an earlier MS conferral date. This form should be submitted the semester prior to MS program completion.

Student Name: _____ Simmons I.D: _____

E-mail Address: _____ Phone Number: _____

I will be completing my MS program before my other graduate nutrition programs.

New MS completion date: ☐ Fall/Year____
☐ Spring/Year____
☐ Summer/Year____

Remaining programs:

☐ Certificate in Sports Nutrition

Anticipated completion date:

☐ Fall/Year____
☐ Spring/Year____
☐ Summer/Year____

☐ DPD Certificate

Anticipated completion date:

☐ Fall/Year____
☐ Spring/Year____
☐ Summer/Year____

Student's Signature: _____

Date: _____

Academic Advisor's Signature: _____

Date: _____

*Academic advisor must enter this change in the department records.

Please return completed form to the Office of the Registrar.

OFFICE USE ONLY: Processed Date _____ Initials _____