

**SAN DIEGO STATE UNIVERSITY  
SCHOOL OF NURSING**

**Plan B Intent Form**

*Plan B intent forms are due to the Graduate Advisor by the:*

- *first Monday in November, for the Spring Comprehensive Exam or*
- *first Monday in April, for the Fall Comprehensive Exam.*

Today's Date \_\_\_\_\_

Student: \_\_\_\_\_

Red ID: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Concentration of Study (circle one)

APN    CHN    CHN/School Nurse    NSA  
CHN/Midwifery    CHN/Midwifery & WHCNP    CHN/Women's Health Care Nurse Practitioner

Date of Plan B enrollment:    Fall (year)\_\_\_\_\_    Spring (year)\_\_\_\_\_