



Program Change Form

(Please Print Clearly)

Date: _____ Student ID: _____ E-mail Address: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ ST: _____

Home Phone: _____ Cell Phone: _____ Expected Graduation Date: _____

Current Program: _____ Current Advisor: _____

Code	Degree	Program
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* Program has minimum admission requirements. Students seeking admission to the clinical programs **must** apply through admissions. Please refer to OLOL College Catalog for a complete list of requirements.

Associate Degree Programs

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> ARCAS.AS | Associate of Science | Arts and Sciences |
| <input type="checkbox"/> LTCA.AS | Associate of Science | Long Term Care Administration |
| <input type="checkbox"/> NURSP.ASN | Pre-Associate of Science | Pre-Nursing* |
| <input type="checkbox"/> NURSLP.ASN | Pre-Associate of Science | Pre-LPN-RN Nursing* |
| <input type="checkbox"/> PTAPP.AS | Pre-Associate of Science | Pre-Physical Therapist Assisting* |
| <input type="checkbox"/> RADTP.AS | Pre-Associate of Science | Pre-Radiologic Technology* |
| <input type="checkbox"/> RESPP.AS | Pre-Associate of Science | Pre-Respiratory Therapy* |
| <input type="checkbox"/> SURTP.AS | Pre-Associate of Science | Pre-Surgical Technology* |

Bachelor Degree Programs

Liberal Studies (Please choose a concentration)

- | | | |
|-------------------------------------|------------------|---------------------------------|
| <input type="checkbox"/> LS.HUMA.BA | Bachelor of Arts | Humanities Concentration |
| <input type="checkbox"/> LS.PSYC.BA | Bachelor of Arts | Psychology Concentration |
| <input type="checkbox"/> LS.RELS.BA | Bachelor of Arts | Religious Studies Concentration |
| <input type="checkbox"/> LS.SOCI.BA | Bachelor of Arts | Sociology Concentration |

Biology (Please choose a concentration)

- | | | |
|---------------------------------------|---------------------|---|
| <input type="checkbox"/> BIOL.GBIO.BS | Bachelor of Science | General Biology Concentration |
| <input type="checkbox"/> BIOL.FOSC.BS | Bachelor of Science | Forensic Science Concentration |
| <input type="checkbox"/> BIOL.HMED.BS | Bachelor of Science | Pre-professional Human Medicine Concentration |

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|-----------------------------------|-------------------------|--|
| <input type="checkbox"/> CLSSP.BS | Pre-Bachelor of Science | Pre-Clinical Laboratory Sciences* |
| <input type="checkbox"/> HESC.BS | Bachelor of Science | Health Sciences* (Associate degree in a health profession required for admission)* |
| <input type="checkbox"/> HSER.BS | Bachelor of Science | Health Service Administration* (Associate degree in a health profession required for admission)* |
| <input type="checkbox"/> HSERN.BS | Bachelor of Science | Health Service Administration |

Minors:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> CHEM Chemistry | <input type="checkbox"/> ENGL English | <input type="checkbox"/> PSYC Psychology |
|---|---------------------------------------|--|

Student Signature Date

Advisor/Program Director's Signature Date

Program Changed & Catalog Year Checked by Date

Advisor Assigned by Date