



Program Change Form

(Please Print Clearly)

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

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

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

Current Program: _____ Current Advisor: _____

* 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"/> AS.BIOL.AS | Associate of Science | Arts and Sciences – Biology Concentration |
| <input type="checkbox"/> AS.CHEM.AS | Associate of Science | Arts and Sciences – Chemistry Concentration |
| <input type="checkbox"/> AS.LBST.AS | Associate of Science | Arts and Sciences – Liberal Studies Concentration |
| <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.ENGL.BA | Bachelor of Arts | English 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 |

Nursing (Please choose a program)

- | | | |
|---|-------------------------|--|
| <input type="checkbox"/> NURSP.BSN | Pre-Bachelor of Science | Pre-BSN Nursing* |
| <input type="checkbox"/> NURSLP.BSN | Pre-Bachelor of Science | Pre-LPN-BSN Nursing* |
| <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"/> Biology Concentration (Selection of one concentration required) | | |
| <input type="checkbox"/> Psychology Concentration (Selection of one concentration required) | | |
| <input type="checkbox"/> HSER.BS | Bachelor of Science | Clinical Track Health Service Administration*(Associate degree in a health profession required for admission)* |
| <input type="checkbox"/> HSERN.BS | Bachelor of Science | Non-Clinical Track 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