

# Program /Minor Change Form

**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 College Catalog for a complete list of requirements.

**Associate Degree Programs**

- |                                     |                          |                                           |
|-------------------------------------|--------------------------|-------------------------------------------|
| <input type="checkbox"/> AS.BIOL.AS | Associate of Science     | Arts and Sciences – Biology Track         |
| <input type="checkbox"/> AS.CHEM.AS | Associate of Science     | Arts and Sciences – Chemistry Track       |
| <input type="checkbox"/> AS.LBST.AS | Associate of Science     | Arts and Sciences – Liberal Studies Track |
| <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*                |

**Bachelor Degree Programs**

**Liberal Studies** (Please choose a concentration)

- |                                     |                  |                         |
|-------------------------------------|------------------|-------------------------|
| <input type="checkbox"/> LS.ENGL.BA | Bachelor of Arts | English Track           |
| <input type="checkbox"/> LS.PSYC.BA | Bachelor of Arts | Psychology Track        |
| <input type="checkbox"/> LS.RELS.BA | Bachelor of Arts | Religious Studies Track |
| <input type="checkbox"/> LS.SOCI.BA | Bachelor of Arts | Sociology Track         |

**Biology** (Please choose a concentration)

- |                                       |                     |                                       |
|---------------------------------------|---------------------|---------------------------------------|
| <input type="checkbox"/> BIOL.BAI.BS  | Bachelor of Science | Biochemical Analysis Track            |
| <input type="checkbox"/> BIOL.HMED.BS | Bachelor of Science | Pre-professional Human Medicine Track |

**Nursing** (Please choose a program)

- |                                    |                         |                  |
|------------------------------------|-------------------------|------------------|
| <input type="checkbox"/> NURSP.BSN | Pre-Bachelor of Science | Pre-BSN Nursing* |
|------------------------------------|-------------------------|------------------|

**Respiratory Therapy**

- |                                   |                          |                          |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> RESPP.BS | Pre-Associate of Science | Pre-Respiratory Therapy* |
|-----------------------------------|--------------------------|--------------------------|

**Medical Laboratory Sciences**

- |                                                                                     |                         |                                                                                    |
|-------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> MLSCP.BS                                                   | Pre-Bachelor of Science | Pre-Medical 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 Track (Selection of one concentration required)    |                         |                                                                                    |
| <input type="checkbox"/> Psychology Track (Selection of one concentration required) |                         |                                                                                    |

- |                                  |                     |                                               |
|----------------------------------|---------------------|-----------------------------------------------|
| <input type="checkbox"/> HSER.BS | Bachelor of Science | Clinical Track Health Service Administration* |
|----------------------------------|---------------------|-----------------------------------------------|

- |                                   |                     |                                                  |
|-----------------------------------|---------------------|--------------------------------------------------|
| <input type="checkbox"/> HSERN.BS | Bachelor of Science | Non-Clinical Track Health Service Administration |
|-----------------------------------|---------------------|--------------------------------------------------|

**Minors:**

- |                                     |                                    |                                  |                                 |                                                        |                                     |
|-------------------------------------|------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Biology    | <input type="checkbox"/> Chemistry | <input type="checkbox"/> English | <input type="checkbox"/> Ethics | <input type="checkbox"/> Health Service Administration | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Writing   |                                  |                                 |                                                        |                                     |

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor/Program Director's Signature Date

\_\_\_\_\_  
Program Changed & Catalog Year Checked by Date

\_\_\_\_\_  
Advisor Assigned by Date