ACADEMIC PROGRAM INFORMATION & CHANGE OF ADVISOR FORM (2015-2016)

NURSING and HEALTH SCIENCES DIVISION
(located in SAC, Room 118, phone 792-2250)

Last Name First Mi Phone           SSN/Student ID Number

☐ First time declaration advisor
☐ Completion of this form indicates a change of advisor to _______________________________
☐ Completion of this form indicates the addition of a second advisor ________________________
☐ Completion of this form indicates a change of major from ______________________________
☐ Completion of this form indicates the addition of a major ______________________________
☐ Completion of this form indicates a change of catalog year

DEGREE: ☐ BSN ☐ AS ☐ AAS ☐ PB (Post Baccalaureate)

Check the Major/Catalog Year You Are Declaring:

☐ 611 Pre-Practical Nursing
☐ 610 Practical Nursing (AAS)
☐ 614 Pre-Nursing LPN to BSN track
☐ 624 Nursing LPN to BSN track (BSN)
☐ 615 Pre-Nursing BSN track
☐ 625 Nursing (BSN)
☐ 616 Pre-Nursing RN track
☐ 626 Nursing RN to BSN track (BSN)
☐ 601 Pre-Radiographic Science
☐ 600 Radiographic Science (AS)

☐ 10-11 Academic Year
☐ 11-12 Academic Year
☐ 12-13 Academic Year
☐ 13-14 Academic Year
☐ 14-15 Academic Year
☐ 15-16 Academic Year

______________________________________________________ ___________________________________________________________
Student’s Signature   Date

______________________________________________________ ___________________________________________________________
Advisor’s Signature   Advisor’s PRINTED name

______________________________________________________ ___________________________________________________________
Second Advisor’s Signature   Second Advisor’s PRINTED name

______________________________________________________  __________________________________________________________
Division Chair’s Signature      Second Division Chair’s Signature

CAS Approval: __________________________

Revised 3/24/15