

ACADEMIC PROGRAM INFORMATION & CHANGE OF ADVISOR FORM (2011-2012)

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

Last Name First Mi Phone SSN/Student ID Number

Mailing Address City ST Zip

- 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** _____

DEGREE: BSN BS BA (*requires 2 years of language*) AS AAS PB (Post Baccalaureate)

Check the Major/Catalog Year You Are Declaring:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 611 Pre-Practical Nursing <input type="checkbox"/> 610 Practical Nursing (AAS) <input type="checkbox"/> 614 Pre-Nursing LPN to BSN track <input type="checkbox"/> 624 Nursing LPN to BSN track (BSN) <input type="checkbox"/> 615 Pre-Nursing BSN track <input type="checkbox"/> 625 Nursing (BSN) <input type="checkbox"/> 616 Pre-Nursing RN track <input type="checkbox"/> 626 Nursing RN to BSN track (BSN) <input type="checkbox"/> 601 Pre-Radiographic Science <input type="checkbox"/> 600 Radiographic Science (AS) <input type="checkbox"/> 629 Pre-Medical Diagnostic Imaging (must be ARRT certified to declare this major) <input type="checkbox"/> 630 Medical Diagnostic Imaging (BA/BS) <input type="checkbox"/> 99 Non-Degree-Seeking (financial aid not available) | <ul style="list-style-type: none"> <input type="checkbox"/> 07-08 Academic Year <input type="checkbox"/> 08-09 Academic Year <input type="checkbox"/> 09-10 Academic Year <input type="checkbox"/> 10-11 Academic Year <input type="checkbox"/> 11-12 Academic Year <input type="checkbox"/> ____ Acad Yr/Catalog |
|---|---|

Academic Certificates

- 99 (71) Advanced Medical Diagnostic Imaging (financial aid not available)
- 99 (72) Basic Medical Diagnostic Imaging (financial aid not available)

Student's Signature

Date

Advisor's Signature

Advisor's PRINTED name

Second Advisor's Signature

Second Advisor's PRINTED name

Division Chair's Signature

revised 02/28/11

To declare a minor or academic certificate, complete the Minor Program Information Form.