

ACADEMIC PROGRAM INFORMATION FORM 2021-2022
NURSING & HEALTH SCIENCES DIVISION
 SAC 118



Student Last Name _____ **First Name** _____ **Student ID/SSN** _____

Advisor Information

- Add Advisor** _____ and/or Mentor _____
 Remove Advisor _____ and/or Mentor _____
 Add a 2nd Advisor _____ **Add a 3rd Advisor** _____

Program Information

- Change major(s)** from _____ **18-19 Catalog Year**
 Add 2nd major **19-20 Catalog Year**
 Remove 2nd major **20-21 Catalog Year**
 Keep previously declared minor/certificate **21-22 Catalog Year**

Effective Start Term (Required) _____

DEGREE: Bachelor of Science Bachelor of Art (*Two years of foreign/heritage language*) Post Baccalaureate

- 205/EM2 Business Administration: Healthcare Mgmt (BA/BS)
 632 Pre-Computed Tomography (BA/BS)
 615 Pre-Nursing BSN track
 617 Pre-Nursing CC to BSN track
 614 Pre-Nursing LPN to BSN track (BSN)
 616 Pre-Nursing RN track
 640 Pre-Radiographic Science (AS)
 642 Pre-Radiographic Science (BA/BS)

- Nursing Division Use ONLY**
- 631 Computed Tomography (BS)
 625 Nursing (BSN)
 627 Nursing CC to BSN track (BSN)
 624 Nursing LPN to BSN track (BSN)
 626 Nursing RN to BSN track (BSN)
 641 Radiographic Science (AS)
 643 Radiographic Science (BA/BS)

Student's Signature:	Date:
Advisor's Signature:	Advisor's PRINTED Name:
Mentor's Signature:	Mentor's PRINTED Name:
2nd Advisor's Signature:	2nd Advisor's PRINTED Name:
Division Chair's Signature:	2nd Division Chair's Signature:
Advising Center Approval:	