

**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 program(s) from \_\_\_\_\_

Add 2nd program \_\_\_\_\_

Remove 2nd program \_\_\_\_\_

Keep previously declared minor/certificate

23-24 Catalog Year

24-25 Catalog Year

25-26 Catalog Year

\_\_\_\_\_

**Effective Start Term (Required)** \_\_\_\_\_

**DEGREE:**  Bachelor of Science  Bachelor of Arts (*Two years of foreign language*)  Post Baccalaureate

Business Administration: Healthcare Management

Physical Therapist Assistant (AAS) \*

Health Studies\*

Pre-Dental Hygiene

Pre-Medical Laboratory Technology

Pre-Nursing BSN

Pre-Nursing LPN to BSN

Pre-Nursing RN

Pre-Physical Therapist Assistant

Pre-Radiographic Science (AS)

Pre-Radiographic Science (BS/A)

Pre-Paramedic Science

Select a cohort code:

*PDENT*

*PMLT*

*PBSN*

*PLPN*

*PRN*

*PPTA*

*PRAD*

*PRADB*

*PPS*

**Nursing Division Use ONLY**

Computed Tomography\*

Nursing\*

Nursing CC to BSN track\*

Nursing LPN to BSN track\*

Nursing RN to BSN track\*

Radiographic Science (AS)\*

Radiographic Science (BS/BA)\*

<b>Student's Signature:</b>	<b>Date:</b>
<b>Advisor's Signature:</b>	<b>Advisor's PRINTED Name:</b>
2nd Advisor's Signature:	2nd Advisor's PRINTED Name:
Division Chair's Signature:	2nd Division Chair's Signature:
Advising Center Approval:	

\*By declaring this major and signing the Program Information Form, I am aware that I may be required to provide evidence of vaccination and/or immunity as required by external clinical sites