

**\*\*Office Use Only\*\***  
Date Received:

## Change of Program Form

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Student ID # \_\_\_\_\_

Program you wish to enter:

- Human Biology
- Medical Sonography\*
- Nuclear Medicine Technology
- Nursing – Pre-licensure\*
- Nursing – BSN Completion
- Radiologic Technology\*
- CT Certificate
- MRI Certificate
- Respiratory Care\*
- Bachelor’s Completion: Health Sciences  
Emphasis: \_\_\_\_\_

\*May begin program Fall Semester only.

Term you wish to enter program:

Fall Term 20 \_\_\_\_\_ Winter Term 20 \_\_\_\_\_ Summer Term 20 \_\_\_\_\_

Student Signature: \_\_\_\_\_

***Requests for change of program will not be processed until you receive official counsel from the Financial Aid Office.***

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_