

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

KETTERING COLLEGE

Change of Major Form

Date: ___/___/___

Name: _____ Student ID # _____

Program you wish to enter:

- BS Health Sciences: Emphasis _____
- Healthcare Management
- Healthcare Management: Pre-OTD
- Healthcare Studies: Pre-Physician Assistant
- Healthcare Studies: Pre-Physical Therapy
- Pre-Medical Sonography
- Medical Sonography*
- Pre-BSN Pre-Licensure
- Nursing: BSN Pre-Licensure**
- Nursing: LPN to BSN*
- Nursing: Accelerated BSN (Bachelor's Required) *
- Nursing: RN to BSN Completion
- Pre-Radiologic Technology
- Radiologic Technology*
- Pre-Respiratory Care
- Respiratory Care*
- CT Certificate
- MRI Certificate

*May begin program Fall Semester only. **May begin program Fall or Spring Semester only

Term you wish to enter program: Fall Term 20____ Spring Term 20____ Summer Term 20____

Student Signature: _____

Coach/Advisor Signature: _____

Chair of New Major Signature: _____

Financial Aid Signature: _____