PROGRAM UPDATE FORM

This form may be used by current students to update their program of study.

NAME: _____
Last First Middle Previous

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

STUDENT ID# OR SSN: _____

ACADEMIC INFORMATION

CURRENT PROGRAM_____

ARE YOU KEEPING YOUR CURRENT PROGRAM AND ADDING A SECOND? _____Yes _____No

SELECT NEW PROGRAM OF INTEREST**: (please check one)

- ☐ Health Studies, Associate of Science
- ☐ Health Studies, Bachelor of Science
- ☐ Healthcare Administration: Applied Clinical Operations, Bachelor of Science
- ☐ Imaging Sciences, Bachelor of Science Degree
- ☐ Respiratory Care, Bachelor of Science
- ☐ Bachelor of Science Diagnostic Medical Sonography
- ☐ RN-BSN, Bachelor of Science in Nursing
- ☐ Computed Tomography, Certificate
- ☐ Magnetic Resonance Imaging, Certificate
- ☐ Other _____

Bachelor Degree Students:

- ☐ Healthcare Spanish Minor
- ☐ Healthcare Sign Language

MSN/RN-MSN Students:

- ☐ Nurse Informatics track
- ☐ Nurse Executive track
- ☐ Nurse Educator track

WHEN DO YOU PLAN TO ENROLL IN COURSEWORK FOR THIS PROGRAM? _____Semester _____ Year

If you live outside of the state of Nebraska, please review the State Authorization Regulations found on our website at http://www.methodistcollege.edu/about/state-authorization-regulations .*

STUDENT SIGNATURE: _____ DATE:_____ADVISOR

SIGNATURE: _____ **DATE:** _____

Advisor: Please return completed form to Registrar's Office, R-L 1079. ***Copies: Business Office, Financial Aid Office***

Updated 4/24/13, 9/12/13, 12/2/13, 3/12/14, 9/11/17