



Change of Academic Major

LAST NAME

FIRST

MIDDLE

ID#

Students interested in Health Sciences programs (*Dental Hygiene, Diagnostic Medical Sonography, Health Information Technology, Hearing Instrument Science, Human Services, Nursing, Radiography, Respiratory Therapy programs as well as Diagnostic Medical Sonography, Coding and Electronic Health Records, Management of Cancer Registry Certificates, and Computed Tomography Certificates*) will be initially admitted as a degree-seeking student in the Associate of Applied Science in Health Science (AAS.HSC) until officially accepted by the appropriate program.

Change of academic major from _____ to: _____

Declaring a second major _____

Certificate _____

I acknowledge that I am aware and responsible for completing all of the requirements for the declared degree or certificate. I also understand that credits earned toward my previous major may not apply toward the completion of my new major or certificate.

Signature of Student _____ Date _____

Note: Student will remain under the catalog in which they initially applied unless it is more advantage to the student to update them to the current catalog.