

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: _____

PHONE: _____ STUDENT ID# OR SSN: _____

ACADEMIC INFORMATION

CURRENT PROGRAM(S) _____

ARE YOU KEEPING YOUR CURRENT PROGRAM AND ADDING A SECOND? _____ Yes No

ARE YOU KEEPING YOUR CURRENT PROGRAM AND DROPPING ONE? _____ Yes No

ARE YOU DROPPING YOUR CURRENT PROGRAM(S) AND ADDING NEW? _____ Yes No

SELECT NEW PROGRAM OF INTEREST**:

Health Studies, Associate of Science
Healthcare Management in Healthcare & Leadership, Bachelor of Science
Respiratory Therapy, Bachelor of Science
Bachelor of Science Diagnostic Medical Sonography
Bachelor of Science Cardiovascular Sonography
Computed Tomography, Certificate
Resonance Imaging, Certificate
Mammography, Certificate
Other _____

Bachelor Degree Students:
Healthcare Spanish Minor
Healthcare Sign Language

MSN/RN-MSN Students:
Care Coordinator
Nurse Informatics track
Nurse Executive track
Nurse Educator track

WHEN DO YOU PLAN TO ENROLL IN COURSEWORK FOR THIS PROGRAM? _____ Semester _____ Year
(Program of study will be fully updated for future semester listed upon the end of the semester right before it)

EXPECTED GRADUATION DATE _____

****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: nmc.registrar@methodistcollege.edu OR Clark Building 1st Floor Copies: Business Office, Financial Aid Office