APPLICATION FOR UPDATE OF PROGRAM(S)

RN-to-BSN Completion Students ONLY This form is not to be used for change of level (undergraduate/graduate) or special student status

Name _____ Identification Number (PID) _____

Email Address _____ Phone Number (_____) _____

Did you receive your Associate Degree in *Nursing* from Ohio University? YES NO

Did you receive your BSN from Ohio Univeristy? ☐ **YES** ☐ **NO**

Current College: ☐ RHE ☐ HSP | Current Campus: ☐ Chillicothe ☐ Lancaster ☐ Southern ☐ Zanesville

Current Major Program _____

RN License #_____ State____

1. ■ **DELETE Program(s)**

Delete all current major programs ■ YES ☐ NO

Delete all current minor programs ☐ YES ☐ NO

Delete only programs listed: (majors, minors, certificates)

Program Code	Program Name

International Student ☐ Yes** ☐ No

**YES answer requires a signature from the International Student Advisor (below)

_____
Signature of International Student Advisor

Date _____

2. ■ **ADD Program(s)**

(majors, minors, certificates)

DO NOT LIST TEACHER EDUCATION CERTIFICATES

Program Code	Program Name	Catalog Year	Advisor ID	Advisor Name
CTSNLU	**School Nurse**			

If any of the above programs are a certificate program, the signature of the certificate director is required.

☐ Pursuing two or more Bachelor's degrees
16 additional hours required (ZEXC-RM)

_____   _____
Signature of Certificate Director   Date

*REQUIRED:

Requested Start Date/Entry Term _____

to ensure that your form is received on time, please review the form deadline dates [here](#).

*note: your form will not be processed if this box is not fully completed.

_____   _____
Student Signature   Date

OFFICE USE ONLY
Date processed: _____
GPA: _____
Initials _____