



# 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 University?  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 _____
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**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
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**\*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

**Instructions for submitting this form (choose one):**

Fax to: 740.593.0286  
Mail to: School of Nursing  
Grover Center E365  
1 Ohio University  
Athens OH 45701

Scan & e-mail to: [nursing@ohio.edu](mailto:nursing@ohio.edu)

**OFFICE USE ONLY**

Date processed: \_\_\_\_\_  
GPA: \_\_\_\_\_  
Initials \_\_\_\_\_