



Program /Minor Declaration

Date: _____	Student ID: _____	E-mail Address: _____
Last Name: _____	First Name: _____	Middle Initial: _____
Phone: _____	Expected Graduation Date: _____	
Current Program: _____	Current Advisor: _____	

* Program has minimum admission requirements. Students seeking admission to the clinical programs **must** apply through admissions. Please refer to College Catalog for a complete list of requirements.

Associate Degree Programs

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> AS.BIOL.AS | Associate of Science | Arts and Sciences – Biology Track |
| <input type="checkbox"/> AS.LBST.AS | Associate of Science | Arts and Sciences – Liberal Arts Track |
| <input type="checkbox"/> PTAPP.AS | Pre-Associate of Science | Pre-Physical Therapist Assisting* |
| <input type="checkbox"/> RADTP.AS | Pre-Associate of Science | Pre-Radiologic Technology* |

Bachelor Degree Programs

Liberal Studies (Please choose a track)

- | | | |
|-------------------------------------|------------------|-------------------------|
| <input type="checkbox"/> LS.ENGL.BA | Bachelor of Arts | English Track |
| <input type="checkbox"/> LS.PSYC.BA | Bachelor of Arts | Psychology Track |
| <input type="checkbox"/> LS.RELS.BA | Bachelor of Arts | Religious Studies Track |

Biology (Please choose a track)

- | | | |
|---------------------------------------|---------------------|---------------------------------------|
| <input type="checkbox"/> BIOL.BAI.BS | Bachelor of Science | Biochemical Analysis Track |
| <input type="checkbox"/> BIOL.HMED.BS | Bachelor of Science | Pre-professional Human Medicine Track |

Nursing (Please choose a program)

- | | | |
|------------------------------------|-------------------------|------------------|
| <input type="checkbox"/> NURSP.BSN | Pre-Bachelor of Science | Pre-BSN Nursing* |
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Respiratory Therapy

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> RESPP.BS | Pre-Associate of Science | Pre-Respiratory Therapy* |
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Medical Laboratory Sciences

- | | | |
|-----------------------------------|-------------------------|----------------------------------|
| <input type="checkbox"/> MLSCP.BS | Pre-Bachelor of Science | Pre-Medical Laboratory Sciences* |
|-----------------------------------|-------------------------|----------------------------------|

Health Sciences (Please choose a track) * (Associate degree in a health profession required for admission)*

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|-------------------------------------|---------------------|------------------------|
| <input type="checkbox"/> HS.BIOL.BS | Bachelor of Science | Biology* |
| <input type="checkbox"/> HS.HSER.BS | Bachelor of Science | Health Administration* |
| <input type="checkbox"/> HS.PSYC.BS | Bachelor of Science | Psychology* |

Health Service Administration

- | | | |
|-----------------------------------|---------------------|--|
| <input type="checkbox"/> HSER.BS | Bachelor of Science | Clinical Track Health Service Administration* |
| <input type="checkbox"/> HSERN.BS | Bachelor of Science | Non-Clinical Track Health Service Administration |

Business Administration

- | | | |
|-----------------------------------|---------------------|-----------------------------|
| <input type="checkbox"/> BAAY.BBA | Bachelor of Science | Analytics Track |
| <input type="checkbox"/> BAGB.BBA | Bachelor of Science | General Business Track |
| <input type="checkbox"/> BAHA.BBA | Bachelor of Science | Health Administration Track |
| <input type="checkbox"/> BAMG.BBA | Bachelor of Science | Management Track |
| <input type="checkbox"/> BAMK.BBA | Bachelor of Science | Marketing Track |

Theology

- | | | |
|----------------------------------|------------------|----------|
| <input type="checkbox"/> THEO.BA | Bachelor of Arts | Theology |
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Minors:

- Anthropology Biology Chemistry English Ethics Health Service Administration
 Philosophy Psychology Professional Communication Theology Writing

Student Signature _____ Date _____

Advisor/Program Director's Signature _____ Date _____

Program Changed & Catalog Year Checked by _____ Date _____

Advisor Assigned by _____ Date _____