### APPLICATION FOR UPDATE OF PROGRAM(S)
**RN-to-BSN Online Bachelor Completion Students ONLY**

This form is not to be used for change of level (undergraduate/graduate) or special student status

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**Name** ___________________________________________ **Identification Number (PID) _____________________**

**Email Address ___________________________________________ **Phone Number (______) _____________________**

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

**Current College:**  
☐ RHE  ☐ HSP  
**Current Major Program _______________________________________**

**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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#### 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)

<table>
<thead>
<tr>
<th>Program Code</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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#### 2. ADD Program(s)

(majors, minors, certificates)  
**DO NOT LIST TEACHER EDUCATION CERTIFICATES**

<table>
<thead>
<tr>
<th>Program Code</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>BS1203</td>
<td>RN-to-BSN</td>
</tr>
<tr>
<td>NDOUDL</td>
<td></td>
</tr>
</tbody>
</table>

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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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**REQUESTED:**

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.*

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**Student Signature** ____________________________  
**Date ______________**

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**Instructions for submitting this form**  
(choose one):  
Fax to: 740.593.0286  
Scan & e-mail to: nursing@ohio.edu  
Mail to: School of Nursing  
Grover Center E365  
1 Ohio University  
Athens OH 45701

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**OFFICE USE ONLY**

Date processed: __________  
GPA: ______________  
Initials ________