Request for Change of Major

Student Name:				**Student ID:**			
Current Advisor:				**Current Major:**			
Student GPA:							
Student Test Score:	*ACT Composite:*		*SAT Critical Reading:*			*SAT Math:*	

Desired Major & Minimum Requirements: (check one)

○ **ADN – Associate Degree**
 1. GPA: 2.5
 2. Test Score: ACT-21 Composite or SAT-480 Critical Reading, 440 Math
 3. Nurse Aid I Course Completion within the last 14 months or on the NAI registry

○ **BMS – Bachelor Degree**
 1. GPA: 2.5
 2. Test Score: ACT-21 Composite or SAT-480 Critical Reading, 440 Math

○ **CHW – Bachelor Degree**
 1. GPA: 2.5
 2. Test Score: ACT-18 Composite or SAT-430 Critical Reading, 380 Math

○ **MA - Diploma**
 1. GPA: 2.5
 2. Test Score: ACT-18 Composite or SAT-430 Critical Reading, 380 Math

○ **MA - Associate Degree**
 1. GPA: 2.5
 2. Test Score: ACT-18 Composite or SAT-430 Critical Reading, 380 Math

○ **OTA – Associate Degree**
 1. GPA: 2.5
 2. Test Score: ACT-18 Composite or SAT-430 Critical Reading, 380 Math

○ **ST - Associate Degree**
 1. GPA: 2.5
 2. Test Score: ACT-18 Composite or SAT-430 Critical Reading, 380 Math

Student Signature:		**Date:**	
Advisor Approval:		**Date:**	

FOR ADMINISTRATIVE USE ONLY				
Advisor updated shared spreadsheet:	Initials:		Date:	
Shared spreadsheet reviewed by OSRIM:	Initials:		Date:	
New Program Chair Notified by OSRIM:	Initials:		Date:	

Program Chair Decision
○ Approved
○ Denied

Program Chair Signature:		Date:	
New Advisor to be assigned: *to be completed by program chair upon approval*			
Student Notified by OSRIM:	Initials:		Date:	