



2600 Sixth Street SW,  
Canton, OH 44710  
330-363-6347 / Fax 330-580-6654

## CHANGE OF PROGRAM/DEGREE INTEREST FORM

**STUDENT NAME:** \_\_\_\_\_  
*Please print*

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SEMESTER PROGRAM CHANGE EFFECTIVE:** \_\_\_\_\_

**Current program/degree:**

**New program/degree:**  
*(check all that apply)*

AAS RADIOGRAPHY

AAS RADIOGRAPHY

AS HEALTH SCIENCES

AS HEALTH SCIENCES

BS HEALTH SCIENCES

BS HEALTH SCIENCES

AS NURSING

BS NURSING

BS NURSING

BSW SOCIAL WORK

BSW SOCIAL WORK

NON-DEGREE SEEKING

**Reason for Program Change:** \_\_\_\_\_  
\_\_\_\_\_

**Submit completed Change of Program/Degree Interest form to the College Main Office by the Friday before the start of the semester of intended enrollment. Exception AAS Radiography program- deadline for AASR can be found on the Aultman College website.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

---

---

**FOR ADVISOR USE ONLY**

Processed Date: \_\_\_\_\_ Name: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Good Academic Standing: \_\_\_\_\_

Student Eligibility Decision: \_\_\_\_\_

Ranking Requirements Met (if applicable) \_\_\_\_\_