



**APPLICATION FOR UPDATE OF PROGRAM(S)  
RN-to-BSN Academic Outreach Initiative Students ONLY**

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

OFFICE USE ONLY	
Date Processed: _____	GPA: _____

Name \_\_\_\_\_ Identification Number \_\_\_\_\_  
Last First Middle

Current College  HHS Current Campus:  Chillicothe  Lancaster  Southern

Current Major Program \_\_\_\_\_ Today's Date \_\_\_\_\_

International Student  YES\*\*  NO

**\*\*YES answer requires signature from  
The International Student Advisor**

_____	_____
Signature of International Student Advisor	Date

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

2.  **ADD Program(s)**  
 (majors, minors, certificates)  
**DO NOT LIST TEACHER EDUCATION CERTIFICATES**

PROGRAM CODE	PROGRAM NAME	CATALOG YEAR	ADVISOR ID	ADVISOR NAME
BS1222	RN-BSN			

**If any of the above programs is 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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Academic Outreach Initiative RN-to-BSN Students**

\_\_\_\_\_ Requested Start Date and Entry Term

\_\_\_\_\_ Agency Name

\_\_\_\_\_ Agency Number

**Instructions for submitting form:**  
 Mail this application to Lifelong & Distance Learning, Ohio University, 102 Haning Hall, Athens OH 45701.