

CHANGE OF PROGRAM REQUEST FORM AUGUSTA TECHNICAL COLLEGE

A student who wishes to change his/her Program of Study must:

- Step 1: complete Part I (please print),
 Step 3: take form to Program Advisor for signature (if changing to an Allied Health Competitive Program)
 Step 4: take form to Financial Aid office and secure signatures,
 Step 5: Submit form to Admissions; **program changes may not be processed immediately**

PART I—STUDENT (PLEASE PRINT)

Student # _____

Name: _____

Last First Middle

Address: _____

House#/PO BOX/Apt.# Street

City County State Zip

Phone #: _____/_____

Home Work

Desired Program of Study Change:

Associate Degree Diploma Certificate

Spring Summer Fall Winter Year: _____

Day Evening

Check Desired Campus:

Augusta Thomson Waynesboro

PART II—NEW PROGRAM ADVISOR (If changing to an Allied Health Competitive Program)

Please check:

Student has been advised about Change of Program

Comments: _____

Signature of Program Advisor

Date

PART IIIA—FINANCIAL AID (PELL Grant, HOPE, Vocational Rehab, GA Rehab Recipients)

Please check:

Student has been advised of financial aid status

Not Applicable

Comments: _____

Signature of Financial Aid Staff

Date

PART IIIB—WIA or VA Certifying Official (if applicable)

Please check:

Student has been advised of financial aid status

Not Applicable

Comments: _____

Signature of WIA Staff

Date

ALLIED HEALTH COMPETITIVE PROGRAM REQUIREMENTS

PRACTICAL NURSING (LPN):

Augusta Advisor: Sara Lanier, 706-771-4190, Bldg 900
slanier@augustatech.edu

Thomson Advisor: Pam Spens, 706-595-0166 ext. 33
pspens@augustatech.edu

Waynesboro Advisor: Tamara Youngblood, 706-437-6830
tyoungblood@augustatech.edu

SURGICAL TECHNOLOGY:

Program Advisor: Gene Burke, 706-771-4191, Bldg 900
gburke@augustatech.edu

- | | |
|---|---|
| <input type="checkbox"/> ENG1010 or ENG1101 | <input type="checkbox"/> AHS1011 or |
| <input type="checkbox"/> MAT1012 or MAT1111 | BIO2113 & BIO2114 |
| <input type="checkbox"/> PSY1010 or PSY1101 | <input type="checkbox"/> AHS109 |
| <input type="checkbox"/> SCT100 | <input type="checkbox"/> AHS104 |
| | <input type="checkbox"/> Specialization (3rd Qtr) |

CARDIOVASCULAR TECHNOLOGY TRACK:

Program Advisor: Pat Thomas, 706-774-4100, By Appt.
pthomas@uh.org

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|----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> ENG1101 | <input type="checkbox"/> HUM1101 or | <input type="checkbox"/> AHS109 |
| <input type="checkbox"/> MAT1111 | ENG1102 or | <input type="checkbox"/> BIO1101 |
| <input type="checkbox"/> SPC1101 | ENG 2130 or | <input type="checkbox"/> BIO2113 |
| <input type="checkbox"/> PSY1101 | ART1101 or | <input type="checkbox"/> BIO2114 |
| <input type="checkbox"/> SCT100 | MUS 1101 | <input type="checkbox"/> CHM1111 |

RADIOLOGIC TECHNOLOGY TRACK:

Program Advisor: Kristie Searcy, 706-771-4160, Bldg 900
ksearcy@augustatech.edu

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|----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> ENG1101 | <input type="checkbox"/> HUM1101 or | <input type="checkbox"/> AHS104 |
| <input type="checkbox"/> MAT1111 | ENG1102 or | <input type="checkbox"/> BIO2113 |
| <input type="checkbox"/> SPC1101 | ENG 2130 or | <input type="checkbox"/> BIO2114 |
| <input type="checkbox"/> PSY1101 | ART1101 or | <input type="checkbox"/> PHY1110 |
| <input type="checkbox"/> SCT 100 | MUS 1101 | |

RESPIRATORY CARE TECHNOLOGY TRACK:

Program Advisor: Rita Waller, 706-771-4194, Bldg 900
rwaller@augustatech.edu

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|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> ENG1101 | <input type="checkbox"/> HUM1101 or | <input type="checkbox"/> BIO2113 |
| <input type="checkbox"/> MAT1111 | ENG1102 or | <input type="checkbox"/> BIO2114 |
| <input type="checkbox"/> SPC1101 | ENG 2130 or | <input type="checkbox"/> BIO2117 |
| <input type="checkbox"/> PSY1101 | ART 1101 or | <input type="checkbox"/> CHM1111 |
| <input type="checkbox"/> SCT100 | MUS 1101 | <input type="checkbox"/> PHY1110 or
PHY1111 |

PART IV-ADMISSIONS STAFF ONLY (DO NOT WRITE BELOW)

Date Received: _____ Initial: _____ Action: _____