



**INTEREST/APPLICATION
UNDERGRADUATE MINOR**

NMC STUDENT ID# _____

Last Name _____ First Name _____ MI _____

NMC Email Address _____ Alternate Email (optional) _____

NMC Major _____ Best Phone number for Contact: _____

May we text you at this number? YES NO

EXPRESSION OF INTEREST ONLY (Mark one)

- I am interested in the Minor in Spanish for the Health Care Professional
- I am interested in the Minor in Healthcare Sign Language

A faculty member teaching languages from our Communications area will be in contact with you.

General Program Information:

+ **Minor in Healthcare Sign Language** – New Cohort Starts every Spring Semester – 6 additional courses after COM 245. For more information please contact Dr. Marlin Schaich – 354-7062

+ **Minor in Spanish for the Health Care Professional** – New Cohort Starts every Fall Semester – 6 additional courses after COM 230. For more information please contact Jeanine Kernan – 354-6517 or email Jeanine.kernen@methodistcollege.edu

STEPS TO ADD AN UNDERGRADUATE MINOR

Step 1 – Fill out the entire Program Update form on the reverse side.

- + Under section, “Select New Program of Interest,” go to Bachelor Degree Student section. Check one.
- + Sign and date at the bottom of the reverse side.
- + For your information: You may obtain the advisor signature now or at the time of student registration.

Step 2 – Hand deliver or email copy of this completed form (both sides) to the Arts & Science Communications Office.

Dr. Marlin Schaich, Communications Office

Leinart 2089

402-354-7062

Marlin.Schaich@methodistcollege.edu

PROGRAM UPDATE FORM

This form may be used by current students to update their program of study.

NAME: _____
Last First Middle Previous

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

STUDENT ID# OR SSN: _____

ACADEMIC INFORMATION

CURRENT PROGRAM _____

ARE YOU KEEPING YOUR CURRENT PROGRAM AND ADDING A SECOND? _____ Yes _____ No

SELECT NEW PROGRAM OF INTEREST** (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Health Studies, Associate of Science | Bachelor Degree Students: |
| <input type="checkbox"/> Health Studies, Bachelor of Science | <input type="checkbox"/> Healthcare Spanish Minor |
| <input type="checkbox"/> Healthcare Administration, Bachelor of Science | <input type="checkbox"/> Healthcare Sign Language Minor |
| <input type="checkbox"/> Imaging Sciences, Bachelor of Science | |
| <input type="checkbox"/> Respiratory Care, Bachelor of Science | MSN/RN-MSN Students: |
| <input type="checkbox"/> Women's Medical Imaging, Bachelor of Science | <input type="checkbox"/> Nurse Executive track |
| <input type="checkbox"/> RN-BSN, Bachelor of Science in Nursing | <input type="checkbox"/> Nurse Educator track |
| <input type="checkbox"/> Computed Tomography, Certificate | <input type="checkbox"/> Nursing Informatics track |
| <input type="checkbox"/> Magnetic Resonance Imaging, Certificate | |

WHEN DO YOU PLAN TO ENROLL IN COURSEWORK FOR THIS PROGRAM? _____ Semester _____ Year

****If you live outside of the state of Nebraska, please review the State Authorization Regulations found on our website at <http://www.methodistcollege.edu/about/state-authorization-regulations> .****

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____

Advisor: Please return completed form to Registrar's Office, R-L 1079.

Copies: Business Office, Financial Aid Office