

Controls														
Program	Program Code	Degree/Certificate level (circle only one)												
EMT-Paramedic	456											X		Requires Department Signature
<i>EMT-Paramedic</i>	457												X	Requires Department Signature
<i>EMT-Basic***</i>	458***												X	Requires Department Signature
<i>Equine Science (Basic)***</i>	443***												X	
<i>Equine Science (Advanced)***</i>	446***												X	
Horticulture (Ornamental) Floral Design	403											X		
Horticulture (Ornamental) General	401											X		
Horticulture (Ornamental) Greenhouse	402											X		
Horticulture (Ornamental) Landscape Design & Construction	404											X		
Horticulture (Ornamental) Sports Turf Mgt	405											X		
Horticulture (Ornamental) Nursery Mgt	407											X		
<i>Floral Horticulture</i>	227												X	
<i>Garden Center Operations</i>	240												X	
<i>Turf Management</i>	239												X	
<i>Greenhouse Production</i>	241												X	
<i>Horticulture Mechanics Technology</i>	438												X	
<i>Landscape Design and Plant Ident.</i>	238												X	
<i>Nursery Management</i>	471												X	
Marketing and Management	218											X		
<i>Retailing***</i>	293***												X	
Nursing	258											X		Requires Department Signature
Online Nursing (NIOIN)	490											X		Requires Department Signature
<i>Practical Nursing</i>	216												X	Requires Department Signature
<i>Basic Nurse Assistant***</i>	310***												X	
Office Systems	406											X		
<i>Medical Billing & Coding</i>	274												X	
<i>Medical Transcription</i>	273												X	
<i>Office Clerk</i>	455												X	
<i>Office Assisting</i>	213												X	
Radiologic Technology	222											X		Requires Department Signature
<i>Therapeutic Massage</i>	444												X	Requires Department Signature
<i>Welding Technology***</i>	252***												X	
Course Enrollee-Credit Only *** (Not seeking degree/cert)	1100***													

*****Programs marked are NOT eligible for financial aid.**

Important Reminders

You should consult the **Financial Aid Office** before you change your program, especially if you want to know:

- ◆ How changing your program will affect your financial aid or scholarship eligibility.
- ◆ You should see a **Counselor** before you change your program, especially if you want to know:
 - ◆ How changing your program affects the number of credits you'll need to graduate.
 - ◆ How changing your program might affect the level of English/Math courses you will need.
 - ◆ How changing your program affects your Veteran's benefits. Contact Financial Aid/Veterans Affairs office.
 - ◆ How changing your program affects your eligibility for transfer to a university.
 - ◆ How changing your program affects your career/job choices.

I understand how changing my program will impact me in the ways listed above.

Signature _____ **Date** _____

Department Coordinator-(EMS, TPM, NUR, RAD Programs):

Signature _____ **Date** _____

Submit this completed Change of Program Form to the Office of Admissions, Registration and Records at:

Kishwaukee College, 21193 Malta Rd. Malta, IL 60150

Revised -4/22/10