



## College of Health Sciences Change of Major

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Major: \_\_\_\_\_ Exp Grad Date: \_\_\_\_\_

All students seeking a major in the College of Health Sciences must seek approval from an advisor from the department of the new major. Once this form is signed by an advisor, it should be returned to the CHS Dean's Office, Quinn 101.

I want to:     Change my major         Add a major         Drop a major

From (only if changing): \_\_\_\_\_

Drop: \_\_\_\_\_

To/Add: \_\_\_\_\_

Sub-plan (if applicable): \_\_\_\_\_

I understand that changing my major may affect my degree requirements, including total number of credits needed for graduation and (for catalog years prior to 2015) my general education requirements.

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

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

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_