



College of Health Sciences Request to Change Subplan

Name: _____ ID Number: _____

Telephone: _____ Email: _____

Major: _____

I would like to change my subplan from _____ to _____

I understand that changing my subplan may change requirements for graduation and I am familiar with those changes.

Student Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

Return signed form to the CHS Dean's Office, Quinn 101 for processing.

Office Use Only: Date Received: _____ Date Processed: _____
