

MARQUETTE UNIVERSITY
College of Health Sciences

**Change of Major Request Form for
Students in College of Health Sciences**

1. To be completed by student

STUDENT NAME: _____

MUID: _____ **MU Email Address:** _____ **@mu.edu**

Current Major(s): _____ **Minor(s):** _____

- 2. Meet with the contact person listed below for the major you are interested in transferring to. Approval for the new major is not guaranteed and will include a review of the student's success in content areas consistent with the new major. In addition, majors with a clinical focus may have space limitations that will be taken into consideration.**

CHS Major options	Contact person for major
BISC Biomedical Science	Ms. Autumn Swanson (autumn.swanson@mu.edu)
MLSC Medical Laboratory Science	Dr. Everard-Gigot (Valerie.everard@mu.edu)
EXSC Exercise Physiology	Ms. Yolanda Webb (Yolanda.webb@mu.edu)
SPPA Speech Pathology & Audiology	Dr. Emily Patterson (Emily.patterson@mu.edu)

3. To be completed by Department Chair or Representative:

Approved Major: _____

Academic Adviser to be assigned: _____

Chair or department representative approval: _____

***It is the responsibility of the student to know and fulfill all university, College of Health Sciences and major/minor requirements.*

Student Signature: _____

Date _____

Return completed form by one of these two methods:

Drop off: College of Health Sciences main office, Schroeder Complex 244

Scan and email: chs.records@mu.edu