

MARQUETTE UNIVERSITY
College of Health Sciences

Change of Major Request Form

STUDENT NAME: _____ MUID: _____

Email Address: _____ Local Phone: _____

Current Major(s): _____ Current minor(s): _____

CHECK AND COMPLETE THE FOLLOWING SECTIONS AS APPROPRIATE:

Request a change in CHS Major

CIRCLE YOUR REQUESTED NEW CHS MAJOR:

- BISC** Biomedical Science
- CLLS** Clinical Laboratory Science
- EXSC** Exercise Science
- SPPA** Speech Pathology & Audiology

OTHER AREAS OF INTEREST:

- Direct Admit Physical Therapy _____
- Pre-Physical Therapy _____
- Pre-Physician Assistant _____
- Pre-Dental _____
- Pre-Medical _____
- Other Pre-Professional i.e. law, chiropractic, optometry, etc.
Specify: _____

NOTE: A new adviser will be assigned based on your new major and identified areas of interest.

You are required to meet with the department chair or a representative in your new major to ensure understanding of the new degree requirements. The signature below verifies that the student has met with the chair or representative of the new major and understands the degree requirements.

_____ (Signature of Chair or representative)

Add additional majors

Second MAJOR**: _____ College* _____

Third MAJOR**: _____ College* _____

Request to add or delete minor(s)

Deleted Minor(s): _____

Added Minor**: _____ College* _____

Added Minor**: _____ College* _____

Added Minor**: _____ College* _____

*All majors and interdisciplinary minors must be approved by the appropriate departments. Approval is not required for other minors.

**Spanish majors/minors must be designate as either Spanish for the Professions (SPPR) or Spanish Language and Literature (SPLL).

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

Student Signature

Date