

MARQUETTE UNIVERSITY
College of Health Sciences

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

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 _____

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

Other Pre-Professional i.e. law, chiropractic, optometry, etc.
Specify: _____

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 drop a minor(s) - go to MU Central website below to access the University Wide Form

<http://www.marquette.edu/mucentral/registrar/documents/Form-UndergraduateMinorRequestUpdate.pdf>

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

Student Signature

Date