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.

<table>
<thead>
<tr>
<th>CHS Major options</th>
<th>Contact person for major</th>
</tr>
</thead>
<tbody>
<tr>
<td>BISC Biomedical Science</td>
<td>Ms. Autumn Swanson (<a href="mailto:autumn.swanson@mu.edu">autumn.swanson@mu.edu</a>)</td>
</tr>
<tr>
<td>MLSC Medical Laboratory Science</td>
<td>Dr. Everard-Gigot (<a href="mailto:Valerie.everard@mu.edu">Valerie.everard@mu.edu</a>)</td>
</tr>
<tr>
<td>EXSC Exercise Physiology</td>
<td>Ms. Yolanda Webb (<a href="mailto:Yolanda.webb@mu.edu">Yolanda.webb@mu.edu</a>)</td>
</tr>
<tr>
<td>SPPA Speech Pathology &amp; Audiology</td>
<td>Dr. Emily Patterson (<a href="mailto:Emily.patterson@mu.edu">Emily.patterson@mu.edu</a>)</td>
</tr>
</tbody>
</table>

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