

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:

OTHER AREAS OF INTEREST:

BISC Biomedical Science

Direct Admit Physical Therapy _____

CLLS Clinical Laboratory Science

Pre-Physical Therapy _____

EXSC Exercise Physiology

Pre-Physician Assistant _____

SPPA Speech Pathology & Audiology

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.

_____ (Approval of Chair or department representative)

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

Return completed form to College of Health Sciences main office, Schroeder Complex 244.