**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):**

1. **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](mailto:autumn.swanson@mu.edu))

**MLSC** Medical Laboratory Science Dr. Everard-Gigot ([Valerie.everard@mu.edu](mailto:Valerie.everard@mu.edu))

**EXSC** Exercise Physiology Ms. Yolanda Webb ([Yolanda.webb@mu.edu](mailto:Yolanda.webb@mu.edu))

**SPPA**  Speech Pathology & Audiology Dr. Emily Patterson ([Emily.patterson@mu.edu](mailto:Emily.patterson@mu.edu))

1. **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  
  
 **updated 11/2021**