



College of Letters & Science

Change of Program Form

Please Print Legibly

Name (Last, First, Middle)	Student ID Number
Street Address	City State Zip
Current Program: _____ <input type="checkbox"/> Arts <input type="checkbox"/> Health Sciences <input type="checkbox"/> Architecture <input type="checkbox"/> Information Studies <input type="checkbox"/> Business <input type="checkbox"/> Nursing <input type="checkbox"/> Education <input type="checkbox"/> Social Welfare <input type="checkbox"/> Engineering <input type="checkbox"/> Letters & Science (adding pre-professional program)	Intended Major: _____ If Applicable add Pre-Professional Program: <input type="checkbox"/> Pre-Chiropractic* <input type="checkbox"/> Pre-Physician Assist.* <input type="checkbox"/> Pre-Dental* <input type="checkbox"/> Pre-Podiatry* <input type="checkbox"/> Pre-Optometry* <input type="checkbox"/> Pre-Veterinary* <input type="checkbox"/> Pre-Med* <input type="checkbox"/> Pre-Law <input type="checkbox"/> Pre-Pharmacy* *3.0 or higher GPA required

Signature

Date

Return this form to Holton Hall, Room 142.