School of Public Health – IUB

Request for Change of Major
(Master of Science Degree Students Within Same Department)

Name of Student: ___________________________________

(Last)    (First)

S.I.D. No.: __________________________

Email Address: __________________________

Degree Program: __________________________

Department: ______________________________

Current Major: ______________ Requested Major: ________________

Reason for change:

New Advisor: _______________________ Signature: ______________

Assigned prerequisites (when applicable):

________________________________________________________________________

________________________________________________________________________

Student: __________________________

Approved: __________________________ Date: __________________

Updated 12/1/2014