



Student Instructions:

1. Complete Sections 1-2 of this form using a computer.
 - a. a handwritten form will not be accepted.
 - b. an incomplete form will not be processed and returned to you for completion.
 2. Print the form using the 'Print Form' button.
 3. Sign the form in Section 3; a digital signature is not acceptable.
 4. Take the completed form to your college office (dean's office of your primary major).
- Note: Professional Studies students: the Professional Communication major is in the College of Communication; all other majors are in the College of Arts & Sciences.

College Instructions:

1. If approved, add the minor and concentration (if applicable) and the requirement term to the student's record in CheckMarq.
2. Complete Section 4.
3. Scan the form to the Office of the Registrar via ImageNow.
4. Inform the student of the decision via Marquette email.

Section 1: Student Information

Name _____ MUID _____
 Last name, First name, Middle name

Email _____ @marquette.edu

Current Primary Major _____

Current Cumulative GPA _____

College of your Primary Major (check one)

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Arts and Sciences | <input type="checkbox"/> Business Administration | <input type="checkbox"/> Communication | <input type="checkbox"/> Education |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Nursing | |

Section 2: Program Information

- I wish to add the following:
- | | |
|--|--|
| <input type="checkbox"/> 1st Minor of: _____ | List concentration (track), if applicable: _____ |
| <input type="checkbox"/> 2nd Minor of: _____ | List concentration (track), if applicable: _____ |

I wish to drop the following (the concentration attached to a minor, if any, will automatically be dropped):

- 1st Minor of: _____
- 2nd Minor of: _____

Section 3: Student Statement and Signature

I attest that all of the information above is true and correct and request that my academic record be updated as described on this form.

Signature of Student _____ Date _____

Section 4: College Office Approval

College of Primary Major Approved Requirement Term _____ Denied Rationale _____

College Office Signature _____ Date _____