

MARQUETTE UNIVERSITY
College of Health Sciences

1. To be completed by student

STUDENT NAME: _____

MUID: _____ **MU Email Address:** _____ **@mu.edu**

Current Major(s): _____ **Minor(s):** _____

- 2. 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	_____
MLSC	_____
EXSC	