

**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.**

<b>CHS Major options</b>	<b>Contact person for major</b>
<b>BISC</b>	_____
<b>MLSC</b>	_____
<b>EXSC</b>	