

Oakland University School of Health Sciences

Change of Major

The new major area will code and process your chance of major request with the Registrar's office. If applicable, the new major office will request a revised transfer credit evaluation of your transcripts from Academic Records. If your grade report or other printed forms do not show the new major, contact your new major advising office. **Complete form and return to the NEW major office for processing.**

Section I (completed by the student)

Name: _____ Grizzly ID G00 _____
Last First M.I.

Address: _____
Number Street City State zip

Contact Number: _____ OU E-mail Address _____@oakland.edu

Change of Major

Year of entry to OU: _____ Semester of 1st class attended: (circle one) FA WI SU
Transfer credits to OU? Yes No Readmit student? Yes No Readmit semester: FA WI SU
New Major Requested _____ Old Major _____
Second Major Requested _____ (if applicable)
Concentration Requested _____ (if applicable)
New Minor Requested: _____ (if applicable)
Student's Signature: _____ Date: _____

Declaration of Concentration

For current Applied Health Sciences and Health Sciences Majors ONLY

Year of entry to OU: _____ Semester of 1st class attended: (circle one) FA WI SU

Major: Health Sciences

Concentration Areas (circle one)

Exercise Science Integrative Holistic Medicines Pre-Health Professional
Pre-Physical Therapy Pre-Pharmacy

Major: Applied Health Sciences (must already have an associated degree in the area)

Concentration Area (circle one)

Medical Assistant Studies Occupational Therapy Assistant Health Information Technology
Surgical Technology Physical Therapy Assistant Respiratory Therapy

Section II (To be completed by new major department)

New Major: _____ Curriculum Code: _____ Disposition: Approved Denied
Gen Ed: Old New Student Athlete: Yes No MACRAO: Yes NO Catalog Year: _____
Signature of authorized dept/school adviser _____ Date _____ (major)
Signature of authorized dept/school adviser _____ Date _____ (minor)