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2025

College of Health Sciences Undergraduate Student Change of Major

This form initiates a change to your degree/major/minor/concentration with appropriate approvals.

Instructions: Forms must be initiated by an Academic Advisor or Department. Forms are accepted following the appropriate approvals.

| Sam ID Last | t Name | First Name | Date |
|--|--|---|---|
| Department of Public Health | | Department of Human Sciences | |
| Bachelor of Arts in Biling Bachelor of Science in He Bachelor of Science in He no concentration Pre-Nursing (PNUR) Bachelor of Science in Pu | ealth Care Administration ealth Sciences, | Fashion Merchandising Interior Design Food Science and Nutrition | B.A. B.S. B.A. B.S. B.S. Only |
| no concentration Pre-Nursing (PNUR) | | Department of Kinesiology | |
| | | Bachelor of Science in Kinesic | ology, |
| Is the student a graduating So Yes No | enior? | no concentration Clinical Exercise Science (CLIN) Dcej grqt"qh"Uekgpeg"kp"J wo cp Performance and Wellness Management | |
| See SHSU Online Catalog for | available minors: https://ww | inor(s) below any available minor may vw.shsu.edu/dept/registrar/forms-and-d | ocuments/ |
| See SHSU Online Catalog for | available minors: https://ww | unor(s) below any available minor may <u>vw.shsu.edu/dept/registrar/forms-and-d</u> | ocuments/ |
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| See SHSU Online Catalog for documents/faculty/Minors+L 1 st Minor | available minors: <u>https://wy</u> ist.pdf | vw.shsu.edu/dept/registrar/forms-and-d | ocuments/ |
| See SHSU Online Catalog for documents/faculty/Minors+L/ 1 st Minor Academic Catalog Year: <u>Student:</u> I acknowledge that I my responsibility to know the particular discipline (degree/major/minor | will complete the minimum degree requirement /concentration). This is not a | vw.shsu.edu/dept/registrar/forms-and-d | ocuments/ cate rrently enrolled in a B.A. o n; or a post-baccalaureate.) degree. I am aware that it i l as required by my academ |
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