

Name:

Date:

Email:

GWID:

Major School: **School of Public Health**

Action Requested:

Add

Drop

Change Program Requirements

Name of Major

Name of Faculty Advisor

_____ Add Drop

Name of Minor

Name of Faculty Advisor

_____ Add Drop

Tentative Plan of Study:

Please list all courses (department and number) you intend to use to satisfy this program.

| Semester | Department & Course Title | GW or Transfer |
|--------------------|---------------------------|----------------|
| Example: Fall 20xx | BISC 2454 General Ecology | GW |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Student's Signature

_____ Date _____

Requirements for the minor must be completed either during or prior to the semester you will graduate.

Approval of the

Major/Minor Field School

_____ Date _____

Signature

Approval of the

Home School

_____ Date _____

Signature

Distribution Procedure: It is the student's responsibility to distribute the forms after obtaining approvals.

Copy 1: Home School; Copy 2: Minor Field School; Copy 3: Student Copy