



Request to Change Second Major or Minor to Undergraduate Public Health

Student ID No:	Current Major:
Last Name:	First Name:
VT Email:	Cell Phone Number:
Academic Class: FR SO JR SR Graduation Term: _____	Overall GPA: <i>If your GPA is below 2.0 you will be required to meet with the Academic Dean's Office prior to switching majors.</i>
Did you receive a departmental or college scholarship this semester?	
Effective Term (Circle): Fall Spring Summer I Summer II Year:	
I request the following:	
<input type="checkbox"/> Add a second major	<input type="checkbox"/> Add a minor
<input type="checkbox"/> Drop a second major	<input type="checkbox"/> Drop a minor

Change of Second Major	Both Signatures Required for Changes
Major to Add: Public Health	1. Advisor for Desired Second Major:
Major to Drop: (if applicable)	2. Undergraduate Program Director

Change of Minor	Both Signatures Required for Changes
Minor to Add: Public Health	1. Departmental Signature:
Minor to Drop: (if applicable)	2. Undergraduate Program Director

I authorize the University to make the changes as indicated on this form as approved by my Academic Dean.

Student Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Date Processed: _____ Processed by: _____

205 Duckpond Drive, Mail Code 0442
540-231-3945