

DEPARTMENT OF POPULATION HEALTH SCIENCES



Request to Add/Drop Undergraduate Public Health Second Major

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

Add/Drop 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

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

Student Signature: _____ Date: _____