

ILLINOIS STATE UNIVERSITY
Department of Health Sciences
CHANGE OF ACADEMIC PROGRAM

Section 1: Please complete & return to: HSC Department 5220, Felmley 305, Normal, IL 61790-5220

Name: _____ **UID#:** _____
Last First Middle Initial

Phone: _____ **E-Mail:** _____

Minor 1: Current _____ **Change to:** _____

Minor 2: Current _____ **Change to:** _____

Signature: _____ **Date:** _____

Section 2: For office use only.

Cum GPA _____ Total hours _____
Minor code _____ Initials _____ Date _____

Signature of Department Advisor: _____ **Date:** _____

Notes: