

Print Name _____ 7 Digit SOLAR ID _____ Date _____
 Signature _____ UW-Parkside Email _____ @rangers.uwp.edu
 Address _____ Phone _____

NOTE: Submit this completed form to the Applied Health Sciences Program for approval.

MAJOR & CONCENTRATIONS

Applied Health Sciences	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel*
<i>All Applied Health Sciences majors must choose one concentration from the list below:</i>		
Medical Laboratory Science	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Athletic Training	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Chiropractic	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-General Health <i>(new Fall 2019)</i>	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
<i>Fall 2019 catalog requirement term or newer; may need Requirement Year Change form also for previously declared major</i>		
Pre-Occupational Therapy	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Physical Therapy	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Physician Assistant	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Public Health	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel

* If changing to a major in another department, list the cancel on the new declaration form instead of here. If you cancel your only major your record will be changed to Undecided.

DEPARTMENT/PROGRAM APPROVAL

Accepted

Denied

Authorized Department Signature: _____

Print Authorizer's Name: _____

Date Signed: _____

Student has been notified of department decision.

Department: Submit this form to the Office of the Registrar for processing.

CANCEL:

To cancel any declarations not on checklist above, list them here:
 Anything not listed will remain on your record.

OFFICE OF THE REGISTRAR

DATE: _____ INITIALS: _____