

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

NOTE: Submit this completed form to the Health Information Management and Technology Department for approval.

MAJOR & CONCENTRATIONS

Health Information Management & Technology	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel*
<i>All Health Information Management and Technology majors must choose a concentration</i>		
Healthcare Management	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Healthcare Technology	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel

Preferred Advisor: _____

DEPARTMENT/PROGRAM APPROVAL

- Accepted
- Change from Pending to Accepted
- Pending
- Denied

Assigned Advisor: _____

Advisor SOLAR ID: _____

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.

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

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: