

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

*NOTE: Submit this completed form to the College of Natural and Health Sciences for approval.*

PRE-PROFESSIONAL PROGRAMS		
Pre-Chiropractic Medicine	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Dentistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Genetic Counseling	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Medicine (M.D. and D.O.)	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Optometry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Pathology Assistant	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Pharmacy	<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-Podiatry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Pre-Veterinary Medicine	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel

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: \_\_\_\_\_