SAM HOUSTON STATE UNIVERSITY
A Member of The Texas State University System www.shsu.edu
OFFICE OF THE REGISTRAR 1-866-BEARKAT

College of Health Sciences
Undergraduate Student Change of Major

This form initiates a change to your degree/major/minor/concentration with appropriate approvals.

Instructions: Forms must be initiated by an Academic Advisor or Department. Forms are accepted following the appropriate approvals.

Sam ID **Last Name** **First Name** **Date**

☐ **Department of Public Health**

- ☐ Bachelor of Arts in Bilingual Health Care Studies
- ☐ Bachelor of Science in Health Care Administration
- ☐ Bachelor of Science in Health Sciences,
  - ☐ no concentration
  - ☐ Pre-Nursing (PNUR)
- ☐ Bachelor of Science in Public Health,
  - ☐ no concentration
  - ☐ Pre-Nursing (PNUR)

Is the student a graduating Senior?

☐ Yes
☐ No

☐ **Department of Human Sciences**

- ☐ Fashion Merchandising ☐ B.A. ☐ B.S.
- ☐ Interior Design ☐ B.A. ☐ B.S.
- ☐ Food Science and Nutrition ☐ B.S. only

☐ **Department of Kinesiology**

- ☐ Bachelor of Science in Kinesiology,
  - ☐ no concentration
  - ☐ Clinical Exercise Science (CLIN)
  - ☐ Movement Science
- ☐ Bachelor of Science in Clinical Exercise Science
- ☐ Bachelor of Science in Performance and Wellness Management
- ☐ Bachelor of Science in Sport Management

Kinesiology Majors are required to have a minor. List minor(s) below any available minor may be selected. See SHSU Online Catalog for available minors

_____ 1st Minor

_____ 2nd Minor

☐ Certificate
(Concurrently enrolled in a B.A. or B.S. program; or a post-baccalaureate.)

Academic Catalog Year: _____

Student: I acknowledge that I will complete the minimum degree requirements as required for stated degree. I am aware that it is my responsibility to know the minimum degree requirements and any requirements above and beyond as required by my academic discipline (degree/major/minor/concentration). This is not an application for degree. you must apply for graduation in the term you anticipate fulfilling degree requirements.

Form Initiated by: _____
Academic Advisor/Department Date

_____
Student Signature Date

Required Signature:

_____
Major Chair Date