



DECLARATION OF MAJOR
FOR CURRENTLY ENROLLED AND CLASSIFIED STUDENTS ONLY

PART I: STUDENT

Full Legal Name Family/Last, First, Middle Name		UH ID Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Mailing Address, City, Zip			
UH Email Address		Home Phone: Mobile Phone:	
I am currently registered in:			
Current College or School	Degree	Major	
_____	_____	_____	
I am requesting to			
<input type="checkbox"/> Add			
<input type="checkbox"/> Declare			
	Degree	Major	
	Bachelor of Arts (BA)	Public Health	
If approved, I will be a student in:			
New College or School	Degree	Major	
College of Health Sciences and Social Welfare	Bachelor of Arts (BA)	Public Health	
_____		_____	
Student's Signature		Date	

PART II: ADVISOR

This student has been advised about the requirements for earning a BA in Public Health and is subject to major requirements in effect:			
_____	. This student <input type="checkbox"/> is <input type="checkbox"/> is not recommended for admission into the program.		
Semester/Year			
Remarks: _____			
_____	_____		
Advisor's Signature		Date	

DO NOT WRITE BELOW THIS LINE

PART III: COLLEGE

Rec/Trans received on _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	Effective Date: _____
_____	_____		_____
Director's Signature		Date	