HEALTH SCIENCE CHANGE OF MAJOR STUDENT INFORMATION FORM

Submit the following information with your Health Science Change of Major packet material

STUDENT INFORMATION

Student ID #: __________________________ (CSUS Student ID number)

Last Name: ____________________________ First Name: ____________________________

Mailing Address: ____________________________________________

City: ____________________________ State _____ Zip Code: ________

Telephone: ____________________________ Message Phone: ____________________________

Email: ____________________________________

Check one:

HLSC Concentration: CHE ___ HCA ___ OHS ___ Minor HLSC ___ Minor OHS ___