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|-------------------------|--|-----------------|-------------------------------|---|---------------------------------|---------------------------------|
| Academic Year | | Semester | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer |
| Application Type | <input type="checkbox"/> Declare Major <input type="checkbox"/> Change Major | | | | | |
| Student Name | | | | | | |
| ID NO. | | Mobile No. | | | | |
| Current Major | | Major Change to | | | | |
| Sponsor/ Scholarship | <input type="checkbox"/> If YES, NOC letter is required by the Office of the Registrar <input type="checkbox"/> NO | | Transferred Student | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Dear Student, Please select **ONE** of the following **CHS** majors:

| Major | <input checked="" type="checkbox"/> Check Your Choice | Major | <input checked="" type="checkbox"/> Check Your Choice |
|--|---|---------------------------------------|---|
| BSc in Environmental Health & Safety | | BSc in Molecular and Medical Genetics | |
| BSc in Public Health | | BSc in Human Nutrition and Dietetics | |
| BSc in Biomedical Sciences (Laboratory Medicine) | | | |

* Declaration/change major submission deadline is announced on the current ADU AY calendar.

Student's Signature: _____

Date: ___ / ___ / ___

OFFICIAL USE ONLY

| Determine eligibility: Attach Transcript to Application | Supporting Information | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Regular Admission <input type="checkbox"/> New Plan <input type="checkbox"/> Old Plan <input type="checkbox"/> Intended Major (conditional) <input type="checkbox"/> No <input type="checkbox"/> Satisfy the admission requirements, and then reapply. <input type="checkbox"/> Other _____ _____ _____ | High School% | Courses Completed | Grade Minimum of C grade |
| | High School Track: <input type="checkbox"/> Science <input type="checkbox"/> Literary | <input type="checkbox"/> ENG 200 | |
| | Total Cr Hrs: CGPA : / 4.00 (minimum 2.00) | <input type="checkbox"/> PSY201/ FWS210 | |
| | | <input type="checkbox"/> MTT102 | |
| | | <input type="checkbox"/> UNS102/ FWS100 | |
| Advisor 's Signature: | Date: | | |
| Dean's Signature : | Date: | | |
| Office of the Registrar : Processed by : | Date: | | |