



## Declaration of Secondary Field of Study in Human Anatomy

Date: \_\_\_\_\_

GWid: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Pre-requisites Completed: \_\_\_\_\_

Current Number of Credits Completed: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name
First Name
M.I.

Local Address: \_\_\_\_\_  
Street
Apt#
City
State
Zip

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Other Majors: \_\_\_\_\_  
 \_\_\_\_\_

Other Minors: \_\_\_\_\_  
 \_\_\_\_\_

Reason for Declaring Secondary Field of Study in Human Anatomy:

\_\_\_\_\_

\_\_\_\_\_

I have studied the requirements for the Secondary Field of Study in Human Anatomy as stated in the current University Bulletin and understand what I must do to meet them, including passing the required courses with letter grades of C- or better. I also understand that I must obtain approval from the Dean in order to change any of the above.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date