

Northeastern University

Bouvé College of Health Sciences

Change-of-Major Application

Name (Last) _____ (First) _____ NUID _____

Current program _____ Current college _____

Current year of study _____

Email _____ Phone _____

Applying to change my program to _____ as of term _____, year
20____

Student's signature _____

Please submit this form to the Bouvé Office of Student Services in 120 Behrakis or email it to the appropriate advisor, along with the remainder of your application.