

CENTRAL WASHINGTON UNIVERSITY
CHEMISTRY DEPARTMENT
MAJOR/MINOR APPLICATION FORM

For Office Use Only:

Date Entered PS: _____

Initials: _____

Database/file: _____

Please return completed form to Chemistry Department Office, Science I, room 302

Date: _____

Student ID #: _____
NOT Social Security Number

Name: _____ Class: FR SO JR SR PostB

Circle One

Email Address: _____ Cell Phone: _____

Indicate MAJOR:

BS Chemistry

BS Biochemistry

BS Chemistry: Chemical Engineering dual-degree program

BA Chemistry

Indicate MINOR: Chemistry

NOTE: If you are pursuing a major or minor in a different department, you must complete a major/minor application form and receive approval in that department.

Are you preparing for a career in the health sciences? If so, check appropriate box

Pre-Pharmacy

Pre-Medicine

Other _____

Indicate major if it is NOT Chemistry, but you are on a pre-professional track: _____

Are you withdrawing from a major/minor/specialization? Yes No

If yes, please specify major/minor/specialization: _____

I understand that I am required to meet with my advisor periodically after acceptance to this program.

Student Signature

General Academic Advisor Signature:

NOTE: Signature is necessary for Chemistry MAJORS only

General Academic Advisor Signature

CHEMISTRY
ADVISOR: _____

Signature

DEPT CHAIR: _____

Signature