

College of Pharmacy and Pharmaceutical Sciences

BSPS Student Request to Change/Add/Drop Major Form

This form is intended for College of Pharmacy BSPS students who wish to add, drop, or change their major between Cosmetic Science and Formulation Design (PCOS) and Drug Discovery and Design (DDAD), or for Doctor of Pharmacy students who wish to change their major to a BSPS program.

Current Academic Term: _____

Name: First _____ Last _____ Middle Initial _____
(Please print)

Rocket # _____ Phone _____ Email _____

Current Major _____ Current Faculty Adviser _____

Change Major to _____

Add Major of _____

Drop Major of _____

Student's Signature _____ Date _____

The student should submit this form to the Associate Dean for Academic Affairs (julie.murphy@utoledo.edu).
Allow up to 7 business days for review and notification of approval.

Associate Dean for Academic Affairs Signature _____ Date _____

The completed form will be returned to the student and forwarded to the Director of Student Services for the Professional Division (*Jing Meyer*).

Please Do Not Write Below This Line

Office of Student Affairs Use Only

Faculty adviser for new major _____ (selected by the Office of Student Affairs;
students will be notified of their new faculty adviser by e-mail)

Date of matriculation request sent to the Office of the Registrar _____