



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Concentration and Program Declaration Form (Change of Major/AOU)

Student Name: _____

Student ID: _____

Effective Term: _____

Please indicate Add or Drop next to appropriate concentration/program:

Bachelor of Science in Health Sciences concentrations:

_____ Health Promotion

_____ Rehabilitation Sciences

_____ Sports and Exercise Science

_____ Speech and Language Pathology

Bachelor of Science in our clinical programs:

_____ Pre- Associates in Radiography

_____ Pre-Clinical Laboratory Sciences

_____ Pre-Dental Hygiene

_____ Pre-Nursing

Bachelor of Science in Applied Health Sciences concentrations (online programs):

_____ Health Administration

_____ Community Health

Student Acknowledgment:

I understand that I must achieve/maintain a University cumulative GPA of 2.0 to be a student within the Vera Z. Dwyer College of Health Sciences and remain in good standing with Indiana University South Bend.

I understand that an additional application is required for acceptance into a clinical program within the Vera Z. Dwyer College of Health Sciences.

I have reviewed the requirements of this concentration/program with an academic advisor and I understand what I must do to complete this concentration/program.

I understand that each distance education course (26% - 100% online) is subject to a course fee supports the development and maintenance of online coursework and degree programs, faculty training and quality assurance, and student services for students enrolled in online courses.

Student Signature: _____

Date: _____

Please submit form to:

Laurie Richards, Northside Hall 416 or via email: lar2@iusb.edu