

**Washington State University**  
**MAJOR CHANGE FORM - - REQUIREMENTS**  
 (Submit original signed form and ten copies to the Registrar's Office, zip 1035.)  
 See www.ronet.wsu.edu/ROPubs for this form.

\*Submit an additional copy to the Faculty Senate Office, French Administration 338, zip 1038.

**Department Name** School of Molecular Biosciences, SMB, College of Sciences

**1. CHECK PROPOSED CHANGES.**

- \* Change department/program name *from* \_\_\_\_\_ *to* \_\_\_\_\_
- \* New degree or program *in* \_\_\_\_\_
- \* Change name of degree *from* \_\_\_\_\_ *to* \_\_\_\_\_
- \* Drop degree or program *in* \_\_\_\_\_
- New Major *in* \_\_\_\_\_
- Change name of Major *from* \_\_\_\_\_ *to* \_\_\_\_\_
- Revise Major requirements *in* \_\_\_\_\_
- Drop Major *in* \_\_\_\_\_
- Revise certification requirements for the Major *in* \_\_\_\_\_
- New Option *in* \_\_\_\_\_
- Revise requirements for the Option *in* \_\_\_\_\_
- Drop Option *in* \_\_\_\_\_
- New Minor *in* \_\_\_\_\_
- Revise Minor requirements *in* \_\_\_\_\_
- Drop Minor *in* \_\_\_\_\_
- New Undergraduate Certificate *in* \_\_\_\_\_
- Revise Undergraduate Certificate requirements *in* \_\_\_\_\_
- Drop Undergraduate Certificate *in* \_\_\_\_\_
- Other Graduate Certificate in Molecular Biosciences \_\_\_\_\_
- Effective term/year \_\_\_ Spring 2010 \_\_\_\_\_

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<b>Contact Person</b>	<b>Contact Phone No.</b>	<b>Contact email</b>

**2. GIVE REASONS FOR EACH REQUEST MARKED ABOVE.** (Attach additional paper if necessary; see reverse side.)

*See attached*

**4. SIGN AND DATE APPROVALS.**

\_\_\_\_\_

Chair Signature/date
Dean Signature/date
General Education Com/date

\_\_\_\_\_

Catalog Subcom/date
Academic Affairs Com/date
Graduate Studies Com/date
Senate/Date