



Office of the Registrar

Declaration of Pre-Professional Health Program/ 3-2 program

Student Name: _____ ID #: _____

Major #1: _____ Major #2: _____

Minor #1: _____ Minor #2: _____

I formally declare that I am pursuing the following pre-professional health program and/or 3-2 program. Please check appropriate box:

3-2 Programs (Atmospheric Science and/or Engineering)

Pre-professional Health Careers

- Dentistry
- Medicine
- Nursing
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Physician Assistant
- Veterinary Medicine
- Other _____

Expected Graduation Date: _____

The formal declaration will allow me, if necessary, to take an academic course load of 5.0 course credits without having to submit a formal petition for an overload to the Admission and Academic Status Committee. I must, however, have both my advisor and pre-professional advisor approval (if different), to register for 5.0 academic course credits.

I also understand that if I am no longer pursuing a pre-professional or 3-2 program, that I am required to notify the Office of the Registrar.

Signature of Student: _____ Date: _____

Signature of Advisor: _____ Date: _____

Signature of Pre-professional Advisor: _____ Date: _____

3-2 Engineering and 3-2 Atmospheric Science: Dr. Chris Fasano (CSB 154) cfasano@monmouthcollege.edu
 Pre-professional Health Careers: Dr. Laura Moore (CSB 357) lmoores@monmouthcollege.edu
 Pre-professional Health Careers: Dr. Kevin Baldwin (CSB 241) kbaldwin@monmouthcollege.edu
 Pre- Occupational Therapy: Dr. Joan Wertz (CSB 130) jwertz@monmouthcollege.edu