Declaration of Major and Option Human Nutrition, Foods and Exercise

Name:	Student ID:					
Email:			Overall GPA:		Credit Hours Completed:	
Career Plans:			_		-	
Anticipated Graduat	on Date:	Fall	Spring	Summer	Year:	
Change of Major:	Use this ONI	LY if you are ne	w to the HNFE major.			
		my only major.				
			or. HNFE will be		secondary.	
•	•		imum of 2.5 for SFNE	; Minimum 3.0	for DIET.	
	ood, Nutrition ar	-	-	DDD) accredite	ed by the Accreditation Council for Educati	on in
The state of the s	•		•	• •	o complete an ACEND accredited Dietetic	511 111
	•		-	=	al Registered Dietitian Examination. These	e
					completion of the DPD. *Initial	
Please read and initial						
					n semesters of General Chemistry). I ackno	
•			•		per division courses are only offered durin	_
					pact my graduation date and that graduati In Progress. *Initial:	on in
the standard rour year	3 may not be rea	isible. For stude	ents current ly in Chi	ivi, put ir ioi	iii Fiogress. Iiitiai.	
I am also aware of the	Satisfactory Prod	gress Towards t	the Degree as stated	on the HNFE ch	necksheets. I acknowledge that to remain	within
			_		are that curriculum requirements and Satis	
Progress requirements	are based on gr	aduation year a	and may differ from o	ne year to the	next. *Initial:	
-	-		_	_	well as the HNFE checksheets. It is the	1.5
·					ccessfully completed. Students who enroll from the course. Deliberately false statem	
					ditional Note: Due to high enrollment in the	
major, access to requir				onor code. Ad	attorial Note: Due to high emoniment in a	ic min L
.,.,						
_		•		_	ndbook to inform students of the missions	
•	·	•		•	thics, grievance protocols, and other stude	ent-
		-	_		d in the HNFE Advising Center. It is my	
responsibility to know	the content in tr	ie HNFE Under	graduate Handbook a	ind abide by al	policies. *Initial:	
FFRPA Disclosure: The	- Family Education	nnal Rights and	l Privacy Act (FFRPA)	requires that y	you authorize the university prior to releas	e of any
	-	_			e through Hokie Spa and allows you to app	
					sclosure will remain valid until you remove	
		•			ss code to be shared with your parent and	
guardian. The parent,	/ guardian must į	provide the pas	s code to the approp	riate university	official prior to receipt of any information	1
pertaining to your edu	cational record.	*Initial:				
Chudout Cionotuno					Data	
Student Signature:					Date:	
Office Use ONLY:						
Hokie Passport checke	d by:		Date:	Meets min	imum CHEM 1035/1036 grade?Yes	No
Plan of Study reviewed	and by:			Date:	Plan of Study requires revisions?Ye	sNo
					::	
					ty Mentor:	