

CHANGE OF MAJOR

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

STUDENT'S NAME:	CLASS: FR SO JR SR
COLLEGE-WIDE ID:	DATE:

CHANGING CURRENT MAJOR

FORMER MAJOR:	
NEW MAJOR:	BULLETIN YEAR (Ex. 06-07):
At the discretion of the new department, the student may be required to satisfy major requirements outlined in a <i>Bulletin</i> other than that which they entered the University. If left blank, the Registrar will honor the student's original <i>Bulletin</i> year.	
If applicable CONCENTRATION(S):	EDUCATION LICENSURE CODE:
DEPARTMENT CHAIRPERSON (Leaving):	DATE:
DEPARTMENT CHAIRPERSON (Entering):	DATE:
NEW ADVISOR:	

ADDING CONCENTRATION(S) AND/OR LICENSURE

CONCENTRATION(S):	EDUCATION LICENSURE CODE:
DEPARTMENT CHAIRPERSON:	DATE:

ADDING SECOND MAJOR

ADDING MAJOR:	BULLETIN YEAR (Ex. 06-07):
At the discretion of the new department, the student may be required to satisfy major requirements outlined in a <i>Bulletin</i> other than that which they entered the University. If left blank, the Registrar will honor the student's original <i>Bulletin</i> year.	
If applicable CONCENTRATION(S):	EDUCATION LICENSURE CODE:
DEPARTMENT CHAIRPERSON (Entering):	DATE:
NEW ADVISOR:	

DROPPING DOUBLE MAJOR

DROPPING MAJOR:	
DEPARTMENT CHAIRPERSON (Leaving):	DATE:

**AFTER RECEIVING ALL REQUIRED SIGNATURES RETURN THIS FORM TO
OFFICE OF THE REGISTRAR
SCANLON HALL, 2ND FLOOR**

Registrar Use Only:	Processed by:	Date:	Rev. 07/2018
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