

WESTFIELD STATE UNIVERSITY
College of Graduate and Continuing Education
Undergraduate Degree Programs

CHANGE OF MAJOR/CONCENTRATION FORM

Student's Name: _____

College ID or SSN: _____

Student request to make the following change: MAJOR CONCENTRATION

Current Major: _____

New Major: _____

Add/Current Concentration: _____
(No approval needed)

New Concentration: _____

Student's Signature _____

Print Name: _____

Major Change Approved by New Program Advisor:

New Program Advisor _____

Advisor's Signature _____

OFFICE USE ONLY:

Date Changed _____

Revised 9/19/17
CGW