

DIPLOMA ORDER

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

NAME: _____
(Print First, Middle, and Last names *exactly* as you wish for them to appear on your diploma)

Mailing Address: _____
Street Address (Please include P.O. Box or Apartment number if applicable)

City

State

Zip Code

Telephone: _____

Student ID: _____

I plan to complete my degree in (check one): ___ May ___ July ___ August ___ December ___ January Year _____

If you have additional coursework to transfer to WSU that does not appear on your Degree Evaluation, please make arrangements to send a copy of your official transcript with final grade(s) to the Registrar's Office.

Please use the list of degrees and majors below to complete this area. Place a 1 next to your primary major and 2 next to your secondary major (if applicable). Minors, concentrations, and certifications will appear only on the transcript, not diploma.

Bachelor of Arts (B.A.)

- ___ Art
- ___ Communication
- ___ Economics
- ___ English
- ___ Ethnic & Gender Studies
- ___ History
- ___ Liberal Arts
- ___ Mathematics
- ___ Music
- ___ Political Science
- ___ Psychology
- ___ Sociology
- ___ Spanish
- ___ Theatre Arts

Bachelor of Music (B.M.)

- ___ Music Therapy

Bachelor of Science (B.S.)

- ___ Accounting
- ___ Advanced Math for ELED
- ___ Athletic Training
- ___ Biology
- ___ Chemistry
- ___ Computer Info. Systems
- ___ Computer Science
- ___ Criminal Justice
- ___ Data Science
- ___ Earth System Science
- ___ Environmental Science
- ___ Finance
- ___ General Science
- ___ Health Sciences
- ___ Liberal Studies*

- ___ Management
- ___ Marketing
- ___ Movement Science
- ___ Regional Planning
- ___ Liberal Studies*

Bachelor of Science in Education (B.S.E.)

- ___ Early Childhood Education
- ___ Elementary Education
- ___ Special Education

Bachelor of Social Work (B.S.W.)

- ___ Social Work

Bachelor of Science in Nursing (B.S.N.)

- ___ Nursing

*The B.S. in Liberal Studies requires two or three concentrations from Business, Computer Info. Systems, and/or Criminal Justice.

Signature: _____ Date: _____

RETURN FORM TO THE OFFICE OF THE REGISTRAR: SCANLON HALL, 2ND FLOOR OR EMAIL TO: FORMS_REGISTRAR@WESTFIELD.MA.EDU

Office Use Only	Date Received: _____	Date Processed: _____	Date Mailed/Picked Up: _____	Rev. 03/2022
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