WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR

Name:					
(Print First, Middle, and Last names exactly as ye	ou wish for them to app	ear on your dip	loma)		
Mailing Address: Street Address (Please include P.O. Box or Apartme	out mymbon if our liochle				· · · · · · · · · · · · · · · · · · ·
Street Address (Please include P.O. Box of Apartme	ent number 11 applicable				
City			State		Zip Code
Telephone:		Student II	D:		
I plan to complete my degree in (check one):	_MayJuly	_August	_ December	January	Year
	_	_ 0	_		
If you have additional coursework to transfe			-	_	ation, please make
arrangements to send a copy of your official tra	inscript with linal §	grade(s) to th	e Kegistrar's	Office.	
		DI 1			10
Please use the list of degrees and majors below secondary major (if applicable). Minors, conce	_				
BACHELOR OF ARTS (BA)	enerations, and co-	· circucions	т прреш оп	ij on the truns	cript, not uipioniui
Art	History			Psychology	
Communication	Liberal Arts*			Sociology	
Economics	Mathematics			Spanish	
English	Music			Theatre Arts	
Ethnic & Gender Studies	Political Science	e			
BACHELOR OF SCIENCE (BS)					
Adv. Math for ELED	Computer Info. Systems		_	Health Sciences	
Accounting	Computer Science			Liberal Studies*	
Athletic Training	Criminal Justice			Management	
Biology	Environmental Science			Marketing	
Business Management	Finance			Movement Science	
Chemistry	General Science			Regional Planning	
BACHELOR OF SCIENCE IN EDUCATION (BSE)			_	Regional I	ammg
Elementary Education	Early Childhood	Education		Special Educ	cation
BACHELOR OF SCIENCE IN SOCIAL WORK (BSW))	BACHELOR	OF SCIENCE II	N NURSING (BS	<u>N)</u>
Social Work		Nursing			
*The B.S. in Liberal Studies requires two or three	concentrations from	Business, Co	mputer Info. S	ystems, and/or (Criminal Justice.
Signature:	Date:				
RETURN FORM TO THE OFFICE OF T				ND FLOOR	OR EMAIL TO:
FORMS_I	REGISTRAR@V	VESTFIELI	D.MA.EDU		
Office Use Only Date Received: Date Processed:	Date	Mailed/Picke	d Up:		Rev. 03/2022

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