Date Received: _

WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR

Rev. 9/2017

NAME:		
(Print First, Middle, and	Last names exactly as you wish them to appear	ar on your diploma)
Mailing Address:	please include P.O. Box or Apartment numb	on if annii achia)
Street Address (please include F.O. Box of Apartment number	ег и аррисавие)
City	State	Zip Code
Telephone:	Student ID:	
I plan to complete my degree in (che	ck one):MayJulyAugust	DecemberJanuary Year
Do you have additional courses to tra	ansfer in that do not currently appear on you	r audit?
If yes, from where and when taken:		
Please use the <u>list of degrees and massecondary major (if applicable).</u>	ajors below to complete this area. Place a 1	next to your primary major and 2 next your
BACHELOR OF ARTS (BA)	BACHELOR OF SCIENCE (BS)	BACHELOR OF SCIENCE IN EDUCATION
Art	Athletic Training	(BSE)
Communication	Biology	Elementary Education
Economics	Business Management	Early Childhood Education
English	Chemistry	Special Education
Ethnic and Gender Studies	Computer Science	
History	Computer Information Systems	BACHELOR OF SOCIAL WORK (BSW)
Liberal Studies	Criminal Justice	Social Work
Mathematics	Environmental Science	
Music	General Science	BACHELOR OF SCIENCE IN NURSING
Political Science	Liberal Studies *	(BSN)
Psychology	Movement Science	Nursing
Sociology	Regional Planning	
Spanish		List Any Required Concentrations:
Theatre Arts		
List any MINORS:	Minors	appear only on the transcript, <u>not</u> on a diploma.
* Note: The BS in Liberal Studies requ	uires two or three of the areas to be chosen from	the departments of BUSM, CAIS, and/or CRJU.
used to determine the GPA for honors.		Westfield, therefore, only Westfield grades are dit hours at Westfield to be eligible and have the Summa Cum Laude: 3.80+
Signature:		Date:
Retur	n form to the Office of the Registrar, Parenzo	o Hall room 107
Office Use Only		

Date Processed: _____ Date Mailed/ Picked Up:___