## WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR

Rev. 9/2017

NAME:(Print F	irst, Middle, and Last n	ames exactly as yo	ou wish them to a	ppear on your o	diploma)		
Mailing Address:	Street Address (please include P.O. Box or Apartment number if applicable)						
City			State		Zip Code		
Telephone:		Stud	lent ID :				
I plan to complete	my degree in (circle one	): May J	July August	December	January	Year	
Do you have additi	ional courses to transfer	in that do not cur	rently appear on	your audit?			
If yes, from where	and when taken:					<u>-</u>	
Please use the <u>list</u> secondary major (i	of degrees and majors bif applicable).	pelow to complete	this area. Place	a 1 next to you	ır primary n	najor and 2 next your	
BACHELOR OF ARTS (BA)  BA		BACHELOR OF SC	ACHELOR OF SCIENCE (BS)		BACHELOR OF SCIENCE IN EDUCATION		
Art		Athletic Trai	_ Athletic Training		(BSE)		
Communication		Biology	_ Biology		Elementary Education		
Economics		Business Ma	Business Management		Early Childhood Education		
English		Chemistry	Chemistry		Special Education		
Ethnic and Gender Studies		Computer Sc	Computer Science				
History		Computer In	_ Computer Information Systems		BACHELOR OF SOCIAL WORK (BSW)		
Liberal Studies		Criminal Jus	_ Criminal Justice		Social Work		
Mathematics		Environment	_ Environmental Science				
Music		General Scie	General Science		BACHELOR OF SCIENCE IN NURSING		
Political Science		Liberal Studi	Liberal Studies *		(BSN)		
Psychology		Movement S	Movement Science		Nursing		
Sociology		Regional Pla	nning				
Spanish					List Any Required Concentrations:		
Theatre Arts							
List any MINORS: Min				ors appear only	on the transc	ript, <u>not</u> on a diploma.	
* Note: The BS in I	Liberal Studies requires tw	vo or three of the a	reas to be chosen f	rom the departm	ents of BUSI	M, CAIS, and/or CRJU.	
used to determine th	are a form of recognition ne GPA for honors. Stude nal GPA: Cum Laude: 3.	ents must complete	a minimum of 45	credit hours at '	Westfield to b	be eligible and have the	
Signature: Date:							
Return form to the Office of the Registrar, Parenzo Hall room 107							
Office Use Only							

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Date Mailed/ Picked Up:\_\_\_\_