

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*
___ Early Childhood Education
___ Elementary Education
___ Special Education

Bachelor of Science in Education (B.S.E.)**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: PARENZO HALL ROOM 150 OR EMAIL TO:
FORMS_REGISTRAR@WESTFIELD.MA.EDU**

Office Use Only

Date Received: _____ Date Processed: _____ Date Mailed/Picked Up: _____

Rev. 03/2022