WOFFORD COLLEGE

MAJOR DECLARATION

Return completed form to: Office of the Registrar, DuPre Administration Building, Fax 864.597.4019

Complete this form in consultation with the Department Chair who oversees the major you are declaring and then return it to the Office of the Registrar. Both myWofford and DegreeWorks will reflect your new major(s) once the form has been processed. To declare a minor or other program, please complete the Minor Declaration form. Degree and major requirements are outlined in the Wofford College Catalog which is available at: http://catalog.wofford.edu/.

Student Information

W#____________________First Name_________________________Middle Initial_______Last Name_______________________

Anticipated Graduation Date: ____________________________

Please indicate if you are a(n): Athlete ☐ International Student ☐ Veteran ☐

I am: Declaring a Major for the first time ☐ Declaring an additional Major ☐ Changing my Major ☐

***To undeclare or drop a major, please visit the Registrar’s Office***

Degree/Major Information

*To earn BOTH a BA and BS, you must complete at minimum of 154 credit hours and the requirements for both degrees.*

I plan to pursue both a BA and a BS degree: ☐ I plan to pursue BA Degree ☐ I plan to pursue a BS Degree ☐

Major(s) Declaration (see options below):

Major ___________________________/Track ___________________________

Name of Advisor (assigned by Dept. Chair) __________________________________________

Dept. Chair/Coordinator’s Signature ____________________________________________

Major ___________________________/Track ___________________________

Name of Advisor (assigned by Dept. Chair) __________________________________________

Dept. Chair/Coordinator’s Signature ____________________________________________

Indicate if you plan to pursue one of the following Pre-Professional Programs:

☐ Pre-Dentistry ☐ Pre-Occupational Therapy ☐ Pre-Physician’s Assistant

☐ Pre-Law ☐ Pre-Optometry ☐ Pre-Public Health

☐ Pre-Medicine ☐ Pre-Pharmacy ☐ Pre-Veterinary

☐ Pre-Nursing ☐ Pre-Physical Therapy

Student Signature_________________________________________ Date ________________

For Office Use only: Received by ___________________________ Date ________________