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 drop (undeclare) a major, please contact the Registrar’s Office (registrar@wofford.edu)

Degree/Major Information

To earn BOTH a BA and BS, you must complete at minimum of 150 total 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 One ___________________________/Track __________________________________________
Name of Advisor (assigned by Dept. Chair) ________________________________________________
Department Chair/Coordinator Signature _________________________________________________

Major Two_________________________/Track_____________________________________________
Name of Advisor (assigned by Department Chair) ____________________________________________
Department Chair/Coordinator 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 ____________