



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 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pre-Dentistry | <input type="checkbox"/> Pre-Occupational Therapy | <input type="checkbox"/> Pre-Physician's Assistant |
| <input type="checkbox"/> Pre-Law | <input type="checkbox"/> Pre-Optometry | <input type="checkbox"/> Pre-Public Health |
| <input type="checkbox"/> Pre-Medicine | <input type="checkbox"/> Pre-Pharmacy | <input type="checkbox"/> Pre-Veterinary |
| <input type="checkbox"/> Pre-Nursing | <input type="checkbox"/> Pre-Physical Therapy | |

Student Signature _____

Date _____

For Office Use only: Received by _____

Date _____