



# WOFFORD COLLEGE MAJOR DECLARATION

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

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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:

- |  |   |  |
|--|---|--|
| <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 \_\_\_\_\_