DECLARATION/CHANGE OF MAJOR, DOUBLE MAJOR and/or CONCENTRATION

Student Instructions:
1. Complete this form and return to the Department Chair in the Academic Department of your chosen major.
2. You must include a copy of your unofficial transcript (academic record) which can be obtained at my.wagner.edu
3. Education dual majors must use the form provided by the Education Department (at http://wagner.edu/registrar)
4. A listing of majors and concentrations can be found at http://wagner.edu/registrar

Name: ___________________________________________________________ ID #: __________________

Phone: ____________________  Email: ______________________________

Current Major: _________________  Current Faculty Advisor: ______________________________

Class:  FR___ SO ___ JR___ SR___  # of Units Completed: __________  GPA: __________

Planned Graduation Date is: ____________________________________________

I declare the following major(s):  I am interested in the following:  ____ Pre-Law  ____ Pre-Health

PRIMARY MAJOR:  ________________________________________________________________

Anthropology or Psychology majors indicate B.A. degree ___ or B.S. degree ___

CONCENTRATION of Primary Major (if applicable):  ______________________________________

SECONDARY MAJOR*:  ______________________________________________________________

CONCENTRATION of Secondary Major (if applicable):  ______________________________________

*Declaring a second major may require completion of more than 36 units for degree. Only 4 units may be counted for both majors. See the Undergraduate Bulletin for details of this policy.

Student Signature: ____________________________  Date: __________________

DEPARTMENT USE ONLY

Name of Assigned Faculty Advisor: ________________________________________________

Signature – Department Chair, Primary Major __________________________  Date: __________  CATALOG YEAR

Signature – Department Chair, Secondary Major __________________________  Date: __________  CATALOG YEAR

Confirmation of Dec/Change: __________________________  Date: __________  Scan/Send Original to Registrar