

Change of Major

Full Legal Name _____

Student ID Number _____

- I am *declaring* a major
- I am *changing* my major
- I am adding an *additional* major (dual). Please list EACH major below.

New Major(s) _____

Note: Health majors not fully accepted into chosen field need to select the Health and Wellness major and choose an area of interest:

Associate Degree Nursing

Physical Therapy Assistant

Radiologic Technology

Massage Therapy

Practical Nursing

Respiratory Therapy

Medical Laboratory Tech.

Student signature _____ Date _____

Please return completed form to the Records Office
710 Colegate Drive, Marietta, Ohio 45750
Fax: 740-568-1965
Email: recordsoffice@wscc.edu

For Office Use Only: Completed by _____ Date _____