

# Request for Change of Major

**Western Illinois University**  
School of Graduate Studies

I would like to change programs of study at Western Illinois University. Please transmit my credentials and transcripts to the following department so that they may consider my admission into their program.

Name: \_\_\_\_\_

WIU ID No. (For security purposes do not enter Social Security number): \_\_\_\_\_

Current address:

Telephone number: \_\_\_\_\_

New program: \_\_\_\_\_

Do you intend to complete your current program before beginning a new program of study?      \_\_\_Yes      \_\_\_No

If applicable, do you wish to have your previous goals statement and letters of recommendation forwarded to the new program indicated above?   \_\_\_yes      \_\_\_No

Semester to begin program: \_\_\_\_\_

Primary attendance location:    \_\_\_Macomb                      \_\_\_Quad Cities                      \_\_\_Other

Today's date: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_Student Certification (This certification must be signed before action can be taken on this request.) I certify that the statements I have made on this form are correct and complete.

Signature: \_\_\_\_\_



**Western Illinois University**  
School of Graduate Studies  
1 University Circle  
Macomb, IL USA 61455-1390  
Phone: 309.298.1806; Fax: 309.298.2345  
Email: [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu)  
[www.wiu.edu/grad](http://www.wiu.edu/grad)

WESTERN  
ILLINOIS  
UNIVERSITY