

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: _____



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