

Instructions for the Change of Undergraduate Major or Certification of Additional Programs and Plans Form

- Use this form to change majors, or to add / drop minors, additional majors, additional degrees, or certificates. (Use the separate [Certification for Post-Baccalaureate Student](#) form to certify students who already have a degree).
- Provide the name of the Advisor when requesting a change of major, adding minors, additional majors or certificates. Forms without an Advisor name will not be processed and will be returned to you.
- To certify students into the first major on the Pullman campus, or to decertify students, contact ASCC (Academic Success and Career Center): Ascc.advise@wsu.edu 509-335-6000. For other campuses, contact the campus Registrar's Office.
- Students are certified using the current year and term, which controls their academic requirements for graduation. If a different year and term is required, please provide that information in the "other notes" field at the bottom of the form.
- Students must be certified in all the academic programs /plans that they will be awarded at the time the degree is conferred.
- Please note that at the time of degree clearing, if a student requests that a minor be dropped, the Graduations Area will remove the minor so that the degree may be awarded.
- The Department Authorization section must be completed by a representative of the added or changed program **AND** a representative of the dropped program. The form must be routed through the appropriate departments so both departments are made aware of the changes being made to the student's program/plan.
- A signature is required for forms returned via paper copy. The signature line may also be used by your unit for your own tracking purposes.
- Return the completed form on the following page, without these instructions, to the campus registrar's office where the student attends – via email, fax, or campus mail. If you send the form via email or fax, there is no need to send a hard copy.
 - Pullman – Email: roacademicrecords@lists.wsu.edu. Fax: 509-335-7823. Campus Mail: 1035. For questions call 509-335-8434.
 - Global Campus – Email: online.registrar@wsu.edu. Campus Mail: 5220. For questions call 509-335-9268.
 - Spokane – Email: Spokane.registrar@wsu.edu. Fax: 509-358-7538. Campus Mail: 1495. For questions call 509-358-7530.
 - Tri-Cities – Email: registrar@tricity.wsu.edu. Fax: 509-372-7100. Campus Mail: 1671. For questions call 509-372-7351.
 - Vancouver – send to the Registrar's Office. For questions call 360-546-9553 or 360-546-9565.
 - NPS at Everett – Email everett.admission@wsu.edu. Mail: WSU NPSE, 2000 Tower St. MS #45, Everett, WA 98201. For questions call 425-405-1600.

Change of Undergraduate Major or Certification of Additional Programs and Plans

Student Name _____ I.D. _____
Last, First Middle Initial

Below, provide the program/plan/subplan name or code as listed in myWSU (e.g., English, BA or P0070).

~ Requested Action ~

For Majors (for information, see [Rule 53](#) and [Rule 54](#)):

- Change Current Certified Major—From: _____ To: _____
 - With an Option in (if applicable): _____
 - For General Studies, additional options _____
 - Name of Advisor: _____
 - Add Additional Major in _____ with an Option in (if applicable) _____
 - Name of Advisor: _____
 - Drop Additional Major in _____
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For Minors (see [Rule 54](#)):

- Add Minor in: _____
 - Name of Advisor: _____
 - Drop Minor in: _____
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For Additional Degrees (see [Rule 118](#)):

- Add Additional Degree in _____ with a Major in _____
 - With an Option in (if applicable): _____
 - For General Studies, additional options _____
 - Name of Advisor: _____
 - Drop Additional Degree of _____
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For [Undergraduate and Professional Certificates](#):

- Add Certificate in: _____
 - Name of Advisor: _____
 - Drop Certificate in: _____
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~ Department Authorization (required) – Please print or type name and Circulate to Appropriate Units ~

I am the Authorized departmental representative for the added or changed program /plan:

Your Name _____ Email _____
Academic Unit _____ Phone _____ Date _____
Signature (required for forms sent as paper copy) _____

I am the Authorized departmental representative for the dropped program /plan:

Your Name _____ Email _____
Academic Unit _____ Phone _____ Date _____
Signature (required for forms sent as paper copy) _____

Other notes (if needed): _____