



School of Education
Wilkes University
84 W. South Street
Wilkes-Barre, PA 18766

Change of Major

Directions: Please complete the top portion of form and email to your current advisor for processing.

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Date of Request: _____

WIN#: _____

_____ requests a change of major from
Last/First Name

_____ to _____
Program name Program name

effective for the _____ semester / year. My advisor is _____ Print Name

For Advisor Use Only

Student Admitted: Yes, on: _____

Change of Major – granted / denied, reason: _____

_____ Name of New Advisor New Advisor Signature

_____ Date Reviewed

For Department Use Only

_____ Date Received and Processed