



WSC Phone: 708/763-6530

WSC Fax: 708/763-1531

Change of Major Form West Suburban College *-required field

*Student Name (please print)

*Date

*Social Security Number

*Semester/Session

Please indicate the following:

***Current Program**

- Bachelor of Science in Nursing – Generic
- Bachelor of Science in Nursing – Evening & Weekend
- RN-BSN Completion
- BSN-MSN Completion
- Bachelor of Science in Health Informatics Management
- Master of Science in Nursing – Clinical Nurse Leader
- Master of Science in Nursing – Nurse Educator
- Master of Science in Nursing – Adult Health Clinical Nurse Specialist
- Master of Science in Nursing – Nurse Administrator

***New Program**

- Bachelor of Science in Nursing – Generic
- Bachelor of Science in Nursing – Evening & Weekend
- RN-BSN Completion
- BSN-MSN Completion
- Bachelor of Science in Health Informatics Management
- Master of Science in Nursing – Clinical Nurse Leader
- Master of Science in Nursing – Nurse Educator
- Master of Science in Nursing – Adult Health Clinical Nurse Specialist
- Master of Science in Nursing – Nurse Administrator

	_____ *Current Graduation Date
	_____ *Current Advisor
	_____ *New Graduation Date
	_____ *New Advisor

*New Dean/Director Signature (if applicable)

*Current Student Advisor Signature

*New Student Advisor Signature (if applicable)

*Director of Enrollment Management Signature

*Dean or Director Signature

I have reviewed the requirements of my new major, and am aware of any changes in my curriculum, progression and graduation date.

*Student Signature

*Date

For Registrar's Office Only	
_____ Registrar's Signature	_____ Date

Copy to: Dean or Director
Student Advisor