PRE MAJOR APPLICATION

Critical Studies, Production,
Screen Writing

Date of Application
______________________________________________________________

NAME____________________________________Student ID#__________________________

Current Phone #________________________________________________________

Current CWU Email_____________________________________________________

What is your MAJOR of INTEREST?
________________________________________________________________________

Student Signature ________________________________________________

Once you have filled out the above portion, please give to the department office.

Advisor Name__________________________________________________________

Advisor Signature______________________________________________________

Chair Signature________________________________________________________

THIS IS A PRE-MAJOR ONLY.
IT DOES NOT ALLOW YOU INTO MAJORS ONLY CLASSES, BUT DOES ALLOW YOU AN ADVISOR IN YOUR FIELD OF INTEREST

Catalog Year: __________________
Date Entered: __________________
Entered By: __________________
Letter Sent: __________________