



ENDORSEMENT CHANGE APPLICATION

Instructions:

1. Complete the top half of the form.
2. Send to Faculty Advisor.
3. Send to Endorsement Director.
4. Once signed and approved, email the form to registrar@wheaton.edu.

Name: _____ Student ID: _____

Check One: Declaration of Endorsement Dropping Endorsement

Present Classification: _____ Expected Grad Date: _____

Major(s): _____

Endorsement: _____

(Note: Separate forms required for each Endorsement declaration)

I authorize the release of my academic records to the Endorsement Program Director named below.

Student Signature _____ Date _____

Faculty Advisor Name _____

Faculty Advisor Signature _____ Date _____

Endorsement Director Name _____

Endorsement Director Signature _____ Date _____