Declare/Change Concentrations or Specializations

Student Name [Print]: ___________________________ Date: __________

Student ID: ___________________________

Major: __________________________________________________________________

Advisor’s Name: __________________________________________________________________

Please check:

☐ Adding a new:  ☐ Concentration  ☐ Specialization

1.) ___________________________

2.) ___________________________

3.) ___________________________

☐ Changing a:  ☐ Concentration  ☐ Specialization

1.) ___________________________

Concentration/Specialization to be Removed: ___________________________

_________________________________________________________ Date

Student Signature

_________________________________________________________ Date

Advisor Signature

A COPY OF THE SIGNED FORM MUST BE RETAINED IN THE STUDENT’S ADVISING FILE.
THE COMPLETED FORM SHOULD BE TAKEN TO THE REGISTRAR’S OFFICE,
1ST FLOOR ARCHER HALL.