

Concentration Form

To add, change, or drop a Concentration

Name _____ Date _____
ID# _____
Last First M.I. Class Year _____

Current Concentration: _____

Signature of Current Advisor: _____

I. Adding a Second Concentration

Concentration _____

Preferred Advisor _____
Name

Signature of Chairperson _____

II. Change in Concentration

From _____ Signature of Chairperson _____
To _____ Signature of Chairperson _____
New Advisor _____ Signature of Chairperson _____
Name

III. Dropping a Concentration

Concentration to Drop _____ Signature of Chairperson _____

Per the College Catalogue: *No more than 15 course credits in a single department earned after entering the College, including transferred credits, may be counted toward the courses requirement for graduation.*

Return this completed form to the Office of the Registrar

10/2018