



270 Mossman Building
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Greensboro NC 27412
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DECLARE OR CHANGE CONCENTRATION/CHANGE OF CAMPUS

TO BE COMPLETED BY STUDENT

Check one: Declaration of Concentration Change of Concentration Change of Campus

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

Date of Entry: _____ Applied to Graduate: Yes No

Concentration Requested: _____ Previous Concentration: _____

Campus Requested: Online Main Site

Student Signature: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT

Justification for Change:

Date of First Course(s) to be Applied to New Degree Term: _____ Year: _____

Department Head or
Graduate Program Director: _____
Signature Date

TO BE COMPLETED BY THE GRADUATE SCHOOL

Approved: _____ Date: _____
Dean of The Graduate School

Email: Department Head or Director of Graduate Study
Administrative Assistant; Student