



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
Director of Graduate Study: _____
Signature Date

TO BE COMPLETED BY THE GRADUATE SCHOOL

Approved: _____ Date: _____
Vice Provost and Dean of The Graduate School

Current CONC Code: _____ Current Program Code: _____ Current Major Code: _____

New CONC Code: _____ New Program Code: _____ Current Major Code: _____

SFAREGS Updated by: _____ Date: _____