Concentration Form
To add, change, or drop a Concentration

Date __________________________

Name __________________________________________ 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 ____________________________ Chairperson ____________________________

Signature of

To ____________________________ Chairperson ____________________________

Signature of

New Advisor ____________________________ Chairperson ____________________________

Name

III. Dropping a Concentration

Concentration to Drop ____________________________ Chairperson ____________________________

Signature of

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