

## DECLARATION/CHANGE OF CONCENTRATION

*Please Print Clearly*

**Before submitting this form to the Student Navigation Center, this request must be approved and signed by the Department Chairperson of your desired Concentration.**

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Class

\_\_\_\_\_  
Last Name                                      First Name                                      Middle

\_\_\_\_\_  
CURRENT MAJOR

\_\_\_\_\_  
DESIRED CONCENTRATION/SPECIALIZATION

Please check the ONE box that applies:

I have not previously requested a concentration/specialization

I wish to change my concentration/specialization from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ACTION BY DEPARTMENT CHAIRPERSON:**

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Requirement Term/Flowsheet Year

\_\_\_\_\_  
Date