

## CHANGE OF CONCENTRATION REQUEST

\*Please fill out form electronically. DO NOT print and fill out manually\*

<b>Date:</b>	<b>Phone #:</b>
<b>Name:</b>	P S #:
<b>Current Concentration:</b>	
<b>Would like to change concentration to: *</b>	
<b>Explanation:</b>	

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature of Major Advisor Date

\* If changing to Special Emphasis, then you must attach a description of your educational objectives, and a justification for the courses that you wish to take.

<b>Decision:</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Explanation:</b>