

CONCENTRATION CHANGE FORM

STUDENT ID#: _____ **Email Address** _____

Name of Student: _____
Last First

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone () _____ **Business Phone ()** _____

Current Concentration: _____

Change to (New Concentration): _____

Please indicate how the change was requested by checking the appropriate box below:

- In Person (Interview Form)**
- By Letter (attach the letter)**
- By Petition (attach the petition)**
- By Fax (attach the fax)**
- By Email (attach the email message)**
- By Phone Call, Date of Phone Call:** _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Advisor Instructions:

- Check the address in the database to make sure our database is current.**
- Change the program in the database.**
- If the address has changed, send an address change form to the Registrar.**
- Do an updated Checklist for the new concentration.**
- Give to the Assistant Director along with this form.**
- If a Finance Student, please email department head that they are changing concentration.**
- Update in DARS.**

Assistant Director Instructions:

- Notify Graduate School of Concentration Change.**
- Initial checklist and give to Student Assistants to mail to student.**

Student Assistant Instructions:

- Copy checklist for our files.**
- Mail the original to the student.**