Declaration of Interdisciplinary Concentration

Return this form to the Office of the Registrar

NOTE: Requests to declare a concentration must be submitted no later than the date of preregistration for a student's sixth semester.

Student Information

Name_____ **P.O. Box** _____ **Date**_____
(Please print)

Class (check one): ☐ 1st year ☐ 2nd year ☐ 3rd year ☐ Senior

Anticipated Grad Date: ____/_____ **Student ID:** _____
MM YY(e.g. 5/2008)

Complete I, II, & III

I. Declaration

I request a concentration in _____

in addition to my major in _____

II. Approvals

My concentration adviser is:_____
(Please print)

Signature of new adviser: _____ Date: _____

To chairperson of added concentration: Students declaring a concentration must also complete the appropriate worksheet. Your signature on the worksheet indicates that you have approved this student's plans for completing the concentration.

III. Complete Concentration worksheet.

For office use: (08/08)

Registrar_____ Date _____

SPRO
___/___ Verify Graduation Date
_____ Add Major/Concentration
_____ Add Concentration Advisor