Concentration Form
To add, change or drop a Concentration

Date ______________________________

Name ______________________________ I.D. ______________________________

Last First M.I. Class Year ______________________________

Current Concentration: ______________________________

Signature of Current Advisor: ______________________________

I. Adding a Second Concentration

2nd Concentration: ______________________________

Preferred Advisor: ______________________________

Signature of Chairperson: ______________________________

II. Change in Concentration

From ______________________________ Signature of Chairperson ______________________________

To ______________________________ Signature of Chairperson ______________________________

New Advisor ______________________________ Dept. Signature ______________________________

Name ______________________________

CAS Action: Approved ______________________________ Denied ______________________________ Date ______

III. Dropping a Concentration

Concentration to Drop ______________________________ Signature of Chairperson ______________________________

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 required for graduation.

Return this completed form to the Office of the Registrar 2/2017