Declaration of Concentration

				Date		
Name				I.D		
	Last	First	M.I.			
I.	Regular Concentra	ation				
	To enter, you must have completed at least one course in the department and be enrolled in a second course in the department or program and have received a cumulative average of 1.7 or higher for those courses.					
	Concentration	Signature of Current Advisor				
	New Advisor	Name	Dept	Dept. Signature		
II.	Double Concentra	tion				
	Requirements as stated above.					
	Signature of Concentration Current Advisor					
	New Advisor	Name	Dept. S	ignature		
III.	Change in Concentration					
	Requirements as sta	ated above.				
	From			Signature of Chairperson		
	То		_	Signature of Chairperson		
	New Advisor		Dept	Dept. Signature		
	CAS Action: Appr	oved	Deni	ed	Date	
IV.	Withdrawal from Signature of					
	Second Concentrati	on		rperson		