Concentration Declaration Form

Office of the Registrar

_____	_____	_____
Student Name – *PRINT*	**ID Number**	**Email Address**

CONCENTRATION – ***PRINT***

DEPARTMENT CHAIR – ***PRINT NAME***

_____		_____	
Student Signature	**Date**	**Department Chair Signature**	**Date**

DEADLINE TO SUBMIT:

Concentrations must be declared by the end of the fall semester of the senior year.