



241 Mossman Building
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Greensboro, NC 27612
336.334.5596 Phone
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REQUEST TO DECLARE OR CHANGE CONCENTRATION

TO BE COMPLETED BY STUDENT

Check one: Declaration of Concentration Change of Concentration

Student's Name: _____ Student ID Number: _____

Degree: _____ Major: _____

Date of Entry: *Term* _____ *Year* _____

Concentration Requested: _____

Previous Concentration: _____

(if requesting change of concentration)

TO BE COMPLETED BY DEPARTMENT

Admit Admission not Recommended

Admit with Following Provisions:

Justification for Change:

Date of First Course(s) to be Applied to New Degree: *Term* _____ *Year* _____

Department Head or
Director of Graduate Study: _____
Date

TO BE COMPLETED BY THE GRADUATE SCHOOL

Approved: _____
Associate Dean of The Graduate School Date

Current PAOS: _____ New PAOS: _____ SFAREGS Updated by: _____

c: School/Department
File
Student