



**College of Humanities
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STUDENT INFORMATION

Student G# _____

Student Name _____

Date _____

Student Signature *(not required)*: _____

CHANGE OF PROGRAM CONCENTRATION

Declaration of Concentration

Change of Concentration

New Concentration: _____

Previous Concentration: _____

Departmental Approval *(required)*: _____

CHANGE OF GRADUATION CATALOG YEAR

Old catalog term: _____

New catalog term: _____

Departmental Approval *(required)*: _____

Original: Registrar, MSN: 3D1

Registrar's Office Processed by: _____

Copy: Department/Program, Dean, Student

Date: _____