Use Ballpoint
Pen and Print
Legibly or Type

DECLARATION OF STANDARD CONCENTRATION PROGRAM

Complete all three pages for initial declarations. Pages 2 and 3 are not required for revisions of a minor nature.

Date Received
By Registrar
_____

Name of Student _____
Last First Init.

Banner I.D. _____
(ex. B12345678)

Expected Date of Graduation _____/_____
Mo/Yr Box #

I **DEGREE CANDIDACY** (Note: A separate concentration declaration must be filed for each degree.)

_____A.B. _____Sc.B.

_____A.B./Sc.B. Dean's Office approval is needed to declare the combined 5-year AB-ScB degree.)

II **CONCENTRATION PROGRAM** (See Table on Previous Sheet)

Code _____ Title_____

III **PREVIOUS FORM SUBMITTED** - - this is to record
_____Revision of program
_____Change of concentration field from _____
_____Second program _____A.B. or _____Sc.B.
_____Change of Degree

Concentration Advisor _____

CONCENTRATION PROGRAM (list only courses in approved program and prerequisites)

Course Number	Course Title	Sem. and Year (to be) Taken	Comments

Print Name of Concentration Advisor_____ Dept. _____ Date _____

Advisor's Signature _____

NOTICE

PLEASE MAKE **4** COPIES OF ALL PAGES AS APPROPRIATE AND FILE 2, UNSTAPLED COPIES WITH REGISTRAR, J. WALTER WILSON HALL, RM.319; GIVE 1 COPY TO YOUR ADVISOR AND KEEP 1 COPY FOR YOUR RECORDS.
(9/09)