

## **DECLARATION OF CONCENTRATION FORM**

Student Name:	Net ID:	
GUID Number:	GU Email:	
Degree Program:	Graduation Semester:	
Concentration (One form per concentration):		
Students Submission Deadline Students must submit this form to their program for approval by academic calendar) in the semester in which the student is plan deadline will not be accepted, and the concentration will not Program Staff Submission Deadline	ning to graduate. Forms received a ot be reflected on the student's tra	fter this nscript.
Program staff must submit approved forms to the Office of Acade exams (per the SCS full semester academic calendar).	iemic Analis & Compliance by the ili	st day of final
Note: The last day of classes and first day of final exams ch the full semester academic calendar to verify the exact date		ase reference
Please list below all courses applicable to the specified concent coursework for more than one official concentration can cross-concentrations. A maximum of two concentrations can be record only after all coursework has been completed.  *Note: Any concentration indicated above must match a concentration that the program for which the student is reconcentrations. Only official concentrations listed in the Handbook	count no more than one course (3 creded on the transcript. Concentrations of the contraction of the course of the	edits) between s will be recorded sional Studies ve official
Concentration Course	Semester	Grade Earned
Student's Signature:		
Program Advisor Signature:		
Academic Affairs Signature:	Signature: Date:	