

Students use this form to declare or change a required concentration in their major. This form must be submitted prior to the end of the Add/Drop period to affect semester registration, otherwise the request will become effective for the next semester the student is enrolled.

Please print or type all information clearly.

Student's Name:	W#:	Email:
Effective Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: 20 _____	Major:

DECLARE A CONCENTRATION: <input type="checkbox"/> (Check one that applies to your major)	CHANGE CONCENTRATION: <input type="checkbox"/>		
	Current Concentration:	New Concentration:	
ARCHITECTURE (BSA)	<input type="checkbox"/> Adaptive Interventions	<input type="checkbox"/> Emerging Technologies	<input type="checkbox"/> Urbanism
BUSINESS MANAGEMENT (BSM)	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Project Leadership	<input type="checkbox"/> Cybersecurity Management
ENGINEERING (BSEN)	<input type="checkbox"/> Biomedical Engineering	<input type="checkbox"/> Computer Engineering	<input type="checkbox"/> Manufacturing Engineering
	<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Mechanical Engineering
CONSTRUCTION MANAGEMENT (BSCM)	<input type="checkbox"/> Facilities Management	<input type="checkbox"/> Commercial Real Estate	
Applied Mathematics (BSAM)	<input type="checkbox"/> Financial Mathematics		

TO BE COMPLETED BY ACADEMIC DEPARTMENT

Anticipated Graduation Date:

Student Signature:	Date:
Dean Signature:	Date:
Dean Name: (Please Print)	

TO BE COMPLETED BY REGISTRAR'S OFFICE

Graduation Coordinator Notified <input type="checkbox"/>	PROCESSED BY	DATE
Student Notified <input type="checkbox"/>		