

Students use this form to declare or change their major concentration. This form must be submitted prior to the end of the Add/Drop period to affect semester registration.

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 (Check one that applies to your major)	CHANGE CONCENTRATION: <input type="checkbox"/>		DROP CONCENTRATION: <input type="checkbox"/>	
	Current Concentration:		New Concentration:	
ARCHITECTURE (BSA)	<input type="checkbox"/> Adaptive Interventions	<input type="checkbox"/> Emerging Technologies	<input type="checkbox"/> Urbanism	
BUILDING SCIENCES (BSBS)	<input type="checkbox"/> Construction Management	<input type="checkbox"/> Energy & Sustainability		
ENGINEERING (BSEN)	<input type="checkbox"/> Aerospace Track			
CONSTRUCTION MANAGEMENT (BSCM)	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Real Estate and Facilities Management		
BUSINESS MANAGEMENT (BSM)	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Project Management	<input type="checkbox"/> Cybersecurity Management	
	<input type="checkbox"/> Finance	<input type="checkbox"/> Supply Chain		
APPLIED MATHEMATICS (BSAM)	<input type="checkbox"/> Actuarial Science			
INFORMATION TECHNOLOGY (BSIT)	<input type="checkbox"/> Network Infrastructure	<input type="checkbox"/> IT Operations and Design		

TO BE COMPLETED BY THE ACADEMIC DEPARTMENT

Anticipated Graduation Date:	
Student Signature:	Date:
School Associate Dean/Program Director/Dean Signature:	Date:
School Associate Dean/Program Director Name: (Please Print)	

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

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