

UNDERGRADUATE CHANGE OF CONCENTRATION REQUEST

DEPARTMENT OF BIOLOGY

family name: _____ given name: _____

e-mail: _____ ID#: _____

A change of main concentration may only be requested using this form if a student has completed at least 24 credits at Concordia University and is in Good Academic Standing in a BSc.

current main concentration:

☐ Major ☐ Specialization ☐ Honours

in _____ ☐ drop ☐ retain

current secondary concentration:

☐ Minor ☐ Major

in _____ ☐ drop ☐ retain

current secondary concentration:

Minor

in _____ ☐ drop ☐ retain

☐ **coop program** (requires Coop Director approval) ☐ drop ☐ retain

new main concentration:

☐ Major ☐ Specialization ☐ Honours (requires Honours Coordinator approval)

☐ in Biology ☐ in Cell and Molecular Biology ☐ in Ecology

new secondary concentration:

☐ Minor in Biology ☐ Major in Biology

student signature: _____ date: _____

coop director signature (coop students): _____

biology advisor/honours signature: _____ ☐ changed