

CONCORDIA UNIVERSITY
DEPARTMENT OF APPLIED HUMAN SCIENCES

UNDERGRADUATE CHANGE OF CONCENTRATION

Concordia I.D. No. _____ Date _____

First Name _____ Family Name _____

Address _____ City _____

Postal Code _____ Email _____

Home/Cell Tel. _____ Business Tel. _____

I WISH TO CHANGE MY CONCENTRATION AS FOLLOWS:

Effective Session: (Please check one box)

Fall 20 _____ () Winter 20 _____ ()

From: _____

To: _____

Student's Signature _____

Please attach a recent copy of your student transcript to this form

For Office Use

Adviser Authorization:

Name: _____ Signature _____

Undergraduate Coordinator _____

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