

**UNDERGRADUATE CHANGE OF CONCENTRATION REQUEST
DEPARTMENT OF PHYSICS**

Family Name: _____ Concordia I.D. Number: _____

Given Name: _____ Home Telephone Number: _____

E-Mail Address: _____ Date of Birth: _____

dd-mm-yy

PLEASE NOTE THAT IF YOU ARE CHANGING DEGREES (e.g., BA to BSc), YOU DO NOT COMPLETE THIS FORM. YOU MUST GO TO STUDENT SERVICES (LB-185) AND REQUEST AN APPLICATION FOR DEGREE TRANSFER FORM.

I wish to make the following change to my concentration:

CURRENTLY ENROLLED IN:

Type of concentration: Please mark the **appropriate box.**

Specialization **Major** **Minor** **Honours**

Area of concentration: _____

(e.g. Biochemistry, Psychology, etc.)

COMPLETE CHANGE OF PROGRAM CHOICE:

(i.e., replace original program with one of the following)

Type of concentration: Please mark the **appropriate box.**

Specialization in physics **Major in physics** **Honours in physics**

Area of specialization: Please mark the **appropriate box.**

Option A: Physics **Option B: Biophysics**

STUDENT'S SIGNATURE: _____

EFFECTIVE DATE OF CHANGE: (e.g., Summer, Fall, Winter) _____

DATE: _____

PHYSICS ADVISOR APPROVAL: _____