

*Student Information:*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

CGU ID #254 - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

▶ **Approved degree changes will take effect no earlier than the start of the next semester.**

Please complete this form, secure all necessary signatures and submit it to the Office of Admission and Records *prior* to the start of the semester in which you are proposing changes.

**I am currently enrolled the following program:**

Department : \_\_\_\_\_

Degree: \_\_\_\_\_

Concentration: \_\_\_\_\_  
If any at this time

**I propose to make the following change to my concentration for the degree listed above:** (please check all that apply)

I plan to keep the existing concentration listed above.

I would like to remove the existing concentration (listed above) from my academic record.

I request to add a new concentration to the degree listed above. Proposed new concentration: \_\_\_\_\_

 **Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Academic Approval:*

Student is approved to the following: \_\_\_\_\_  
Concentration

In the department & degree of: \_\_\_\_\_  
Department Degree

To begin in : \_\_\_\_\_ of \_\_\_\_\_  
Semester Year

▶ **Acad. Department Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Office of Admission & Record Approvals:*

Approved by Director of Adm. and Records: \_\_\_\_\_

Effective for the semester of: \_\_\_\_\_

Email confirmation sent to student & academic department: \_\_\_\_\_

Recorded By Data Control: \_\_\_\_\_