



Registrar's Office  
352 Lafayette Street, Salem, MA 01970

**REQUEST FOR DECLARATION/CHANGE  
OF CONCENTRATION/SPECIALIZATION**

*Please Print Clearly*

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Class

\_\_\_\_\_  
Last Name                                      First Name                                      Middle

\_\_\_\_\_  
CURRENT MAJOR

\_\_\_\_\_  
DESIRED CONCENTRATION/SPECIALIZATION

Please check the ONE box that applies:

I have not previously requested a concentration/specialization

I wish to change my concentration/specialization from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ACTION BY DEPARTMENT CHAIRPERSON:**

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Requirement Term/Flowsheet Year

\_\_\_\_\_  
Date

ORIGINAL - Registrar's Office

YELLOW - Major Department

PINK - Student

Revised 04/01/11