REQUEST FOR CHANGE OF CONCENTRATION FORM

Name: ________________________________  Student ID: ________________________________

Student ID: ________________________________  Phone: ________________________________

I request to change my concentration

FROM: ________________________________  TO: ________________________________

Reason/s for change: ________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Student Signature: ________________________________________________________________

Required Signatures:

Chair of Current Concentration

Print Name: ________________________________

Signature: ________________________________

Action

☐ Approve

☐ Disapprove

Comments

Chair of Requested Concentration

Print Name: ________________________________

Signature: ________________________________

Action

☐ Approve

☐ Disapprove

Comments

Field Education Office

Print Name: ________________________________

Signature: ________________________________

Action

☐ Approve

☐ Disapprove

Comments

Advisor

Print Name: ________________________________

Signature: ________________________________

Action

☐ Approve

☐ Disapprove

Comments

ONCE COMPLETE, SUBMIT TO: Office of Student & Academic Services at sswstudentservices@uconn.edu

Revised 8/27/2021