

**DECLARATION OR
CHANGE OF CONCENTRATION
WITHIN COLLEGE FOR
UNDERGRADUATE STUDENTS**



TEMPLE UNIVERSITY
of the Commonwealth System
of Higher Education
Philadelphia, Pennsylvania 19122

**OFFICE
of
THE REGISTRAR**

**Use Pencil Or
Ballpoint Pen.
Press Firmly**

**Use Ballpoint
Pen. Press
Firmly**

INSTRUCTION

**To The Student:
Complete Items 1-7 Below.**

1. Enter your social security number.
2. Enter your name, last name first.
3. Enter the name of your college.
4. Enter the curriculum (concentration) from which you wish to change.
5. Enter the curriculum (concentration) to which you wish to change.
6. Check term and enter year in which the change will become effective.
7. Enter the current date and your signature.

**To The Academic Office:
Complete Items A-B Below.**

- A. Enter the codes for degree program, anticipated date, college and the curriculum to which the student is transferring.
- B. Check request status, enter date and signature.

**Detach and Route Copies As Shown
At Right.**

**GROUND FLOOR
CONWELL HALL
041-14**

Copy 1 - Registrar
Copy 2 - Dean's Office
Copy 3 - Dept. Office

1. - -
TUId

2. _____
PRINT LAST NAME PRINT FIRST NAME & MIDDLE INITIAL

3. ENROLLED IN:

COLLEGE

4. CHANGE FROM:

CURRICULUM OR CONCENTRATION

6. EFFECTIVE SEMESTER
 FALL _____
 SPRING

5. CHANGE TO:

CURRICULUM OR CONCENTRATION

7. ___ / ___ / ___
Date

Signature (student)

A.
COLLEGE

CURRICULUM

DEGREE

ANTICIPATED DATE

B. Student's Request is:
 Approved
 Not Approved
___ / ___ / ___
Date

Approval (Current Dean)