

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

CWID: \_\_\_\_\_

Type:            Cadet            College Transfer Program            Graduate

**I am requesting to change my Concentration to:**

Program of Study: \_\_\_\_\_

Current Concentration: \_\_\_\_\_

New Concentration: \_\_\_\_\_

Effective Term: \_\_\_\_\_

**GRADUATE STUDENTS ONLY :****Changing Concentration does not require a new application.****If you intend to change your program, please contact the Citadel Graduate College.**\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Advisor Signature\_\_\_\_\_  
Date-----  
**Office Use Only**

Recorded to Banner:

\_\_\_\_\_  
Initials\_\_\_\_\_  
Date