

ASSUMPTION COLLEGE



OFFICE OF THE REGISTRAR

DECLARATION OF CONCENTRATION

STUDENT NAME _____
 LAST FIRST MI

STUDENT ID # _____ CLASS _____ P.O. BOX _____

DECLARED MAJOR _____

I WOULD LIKE TO DECLARE MY CONCENTRATION IN: _____

STUDENT'S SIGNATURE _____ DATE _____

DEPT. CHAIR'S SIGNATURE _____ DATE _____

FOR OFFICE USE	
MASTER FILE	_____
TRANSCRIPT	_____
DATE	_____

White: Registrar Yellow: Department Chair Pink: Advisor Gold: Student