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NAME (Please Print)		TO BE COMPLETED BY STUDEN		UDENT S	T STUDENT NUMBER	
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Last		First	Middle			
Complete Part	s I and II to declare o	or change Program*, Major	*, Concentration(s).			
PART I I am currently enrolled in:			PART II I wish to declare/change to:			
College						
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Concentration 1 (if applicable)			Concentration 1 (if applicable)			
Concentration 2 (if applicable)		Concentration 2 (if applicable)				
Student Sign	ature			Date		
		TO BE COMPL	ETED BY DEPA	RTMENTS		
Department Chair Signature			Date			
Graduate De	an Signature					
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