

APPLICATION TO CHANGE CONCENTRATION

INSTRUCTIONS:

- **1.** Fill out the application completely and sign your name.
- 2. Meet with your academic advisor and obtain signature.
- **3.** Changes will not be made during a semester, and you must enter a future semester/year. Cohort changes will only be accepted for a fall start.
- **4.** Email this completed form and the required application materials to the Office of Student and Academic Services at cph@unthealth.edu prior to the deadlines listed below.

SEMESTER & YEAR	EFFECTIVE FOR CHAI	NGE:	
Spri Deadlines:	ng December 1st	Fall	Summer_ May 1st
STUDENT INFORMAT	TION:		
Student Name:		First	Middle Initial
Student ID:	Stude	nt Email:	
PROGRAM INFORMA	TION:		
Current Program:		Concentration: _	
Desired Program:	ed Program: Desired Concentration:		ration:
Current GPA: Students must be in good a	cademic standing and have a	a 2.8 GPA or above to be consider	red.
 One-page state concentration of concentratio	r degree or apply as a r sume or CV. of your transcript(s). If y	professional goals and why yon-degree seeking student.	UNT Health, you only need to submit
Advisor Signature			Date
Student Signature			Date