



UNDERGRADUATE CONCENTRATION
DECLARATION FORM

STUDENT ADMINISTRATIVE SERVICES
PO BOX 5575
POTSDAM, NY 13699-5575
P. 315-268-6451 · F. 315-268-2321

Student Name _____ Student Number _____

Clarkson University Local Box _____ Local Phone _____

Undergraduate students may build an area of specialized expertise termed a professional concentration within — or closely related to — their degree program major. Such concentrations require at least 15 credit hours of coursework. A complete listing of approved concentrations can be found in the Clarkson Catalog, www.clarkson.edu/catalog.

In addition to my major in _____

I request that I be registered for a concentration in _____

Acknowledgement/Approval

I UNDERSTAND THAT the University has no responsibility to offer or schedule courses in order to assure the achievement of the concentration. If I decide to drop my concentration, I will inform Student Administrative Services in writing by signing the bottom of this form. Further, I understand that all requirements for the completion of the concentration must be complete by the time of graduation from Clarkson University in order to be a registered part of my degree program.

Student Signature

Date

Approved: _____
Chair/Director, Major Department

Date

Major Advisor's Name: _____

<p><u>For SAS Use Only – Distribution:</u></p> <p><input type="checkbox"/> Chair/Director, Major Department</p> <p><input type="checkbox"/> Student</p>	<p>I wish to drop my concentration in:</p> <p>_____</p> <p>_____</p> <p>_____ <i>Student Signature</i></p> <p>_____ <i>Date</i></p>
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