



# ALABAMA A&M UNIVERSITY

## School of Graduate Studies

### Concentration/Specialization Declaration Form

STUDENT INFORMATION	
NAME (First, Last)	
STUDENT NUMBER	E-MAIL
PROGRAM INFORMATION	
CURRENT PROGRAM	
TERM (Spring, Summer, Fall)	YEAR
CONCENTRATION TO DECLARE Add                      Change	Indicate Concentration/Specialization
CONCENTRATION TO CHANGE FROM	If changing concentration: Change from:                      Change to:
STUDENT SIGNATURE	
_____ Student signature                      Date	
RECOMMENDATION	
Recommended	Not Recommended
_____ Program Chairperson/Director	_____ Date