

COLLEGE OF GRADUATE AND UNDERGRADUATE STUDIES  
CONCENTRATION DECLARATION/CHANGE



Student ID# \_\_\_\_\_

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Effective Term for Declaration/Change:  Fall  Winter  Spring  Summer Year \_\_\_\_\_

PLEASE SELECT OPTION 1 OR 2:

**OPTION 1: Are you declaring your initial concentration for your degree?**  Yes  No

**NOTE:** Declaration of concentration must be completed (via this form) during a student's FIRST quarter of attendance at Life University. This form must be signed by all parties and submitted to the Student Advocacy Center NO LATER than Friday of Week 9, of a student's first quarter in a program.

**OPTION 2: Are you changing your concentration for your degree?**  Yes  No

What is your **CURRENT** degree & concentration? \_\_\_\_\_

**NOTE:** Change of concentration must be signed by all parties and submitted to the Student Advocacy Center NO LATER than Friday of Week 1, of the term in which the student wants the new concentration to be effective.

GRADUATE STUDENTS:

Please mark your degree and **NEW** concentration below:

**Master of Science in Sport Health (MSHS CONCENTRATIONS)**

- Chiropractic Sport Science
- Exercise Sport Science
- Nutrition Sport Science
- Sport Injury Management
- Sport Coaching

**Master of Science in Positive Psychology (MPSY CONCENTRATIONS)**

- Coaching Psychology
- General
- Contemplative & Secular Ethics

**Master of Science in Clinical Nutrition (MSCLN CONCENTRATIONS)**

- Practitioner
- Research

UNDERGRADUATE STUDENTS:

Please mark your degree and **NEW** concentration below:

**Bachelor of Arts in Positive Human Development & Social Change (B.A. CONCENTRATIONS)**

- |  |  |
|--|--|
| <input type="checkbox"/> Peace Studies & Sustainable Human Flourishing | <input type="checkbox"/> Positive Psychology   |
| <input type="checkbox"/> Secular Ethics                                | <input type="checkbox"/> Contemplative Studies |
| <input type="checkbox"/> Positive Business                             | <input type="checkbox"/> General               |

Advisor Signature \_\_\_\_\_ Dean/Asst. Dean Signature \_\_\_\_\_

Advisor Print Name \_\_\_\_\_ Dean/Asst. Dean Print Name \_\_\_\_\_

STUDENT AUTHORIZATION

I authorize Life University to update my concentration as indicated above. I also understand that it is my responsibility as a student, to check EagleNet to ensure this update has been processed for the appropriate quarter. Additionally, I understand that it is my responsibility to obtain all appropriate signatures and return this form to the Student Advocacy Center prior to the deadlines listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_