

COLLEGE OF GRADUATE AND UNDERGRADUATE STUDIES  
MASTER DEGREES CONCENTRATION DECLARATION/CHANGE



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

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

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

**DECLARING A CONCENTRATION**

Are you declaring your initial concentration for your graduate degree?  Yes  No

Please mark your degree AND concentration below:

**Sport Health Science  
(MSHS CONCENTRATIONS)**

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

**Positive Human Develop. & Social Change  
(MPSY CONCENTRATIONS)**

- Coaching Psychology
- General
- Contemplative & Secular Ethics

Declaration of concentration must be completed (via this form) during a student's FIRST quarter of attendance at Life University, in a graduate program. 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 graduate program.

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

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

**CHANGING A CONCENTRATION**

Are you changing your concentration for your graduate degree?  Yes  No

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

Please mark your NEW degree AND concentration below:

**Sport Health Science  
(MSHS CONCENTRATIONS)**

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

**Positive Human Develop. & Social Change  
(MPSY CONCENTRATIONS)**

- Coaching Psychology
- General
- Contemplative & Secular Ethics

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.

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 \_\_\_\_\_