

UNDERGRADUATE CHANGE OF CONCENTRATION REQUEST DEPARTMENT OF BIOLOGY

family name: _____ given name: _____

e-mail: _____ ID#: _____

A change of main concentration may only be requested using this form if a student has completed at least 24 credits at Concordia University and is in Acceptable Academic Standing in a BSc.

<u>current main concentration:</u>		
<input type="checkbox"/> Major	<input type="checkbox"/> Specialization	<input type="checkbox"/> Honours
in _____	<input type="checkbox"/> drop	<input type="checkbox"/> retain
<u>current secondary concentration:</u>		
<input type="checkbox"/> Elective Group	<input type="checkbox"/> Minor	<input type="checkbox"/> Major
in _____	<input type="checkbox"/> drop	<input type="checkbox"/> retain
<u>current secondary concentration:</u>		
<input type="checkbox"/> Elective Group	<input type="checkbox"/> Minor	<input type="checkbox"/> Major
in _____	<input type="checkbox"/> drop	<input type="checkbox"/> retain
<input type="checkbox"/> coop program (requires Coop Director approval)	<input type="checkbox"/> drop	<input type="checkbox"/> retain

<u>new main concentration:</u>		
<input type="checkbox"/> Major	<input type="checkbox"/> Specialization	<input type="checkbox"/> Honours (requires Honours Coordinator approval)
<input type="checkbox"/> Biology	<input type="checkbox"/> Cell and Molecular Biology	<input type="checkbox"/> Ecology
<input type="checkbox"/> Environmental and Sustainability Science	<input type="checkbox"/> Systems and Information Biology	
<u>new secondary concentration:</u>		
<input type="checkbox"/> Elective Group	<input type="checkbox"/> Minor	<input type="checkbox"/> Major
<input type="checkbox"/> Biology	<input type="checkbox"/> other: _____	

student signature: _____ date: _____

coop director signature (for Coop students): _____

advisor/honours coordinator signature: _____