



Records and Registration
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 Winthrop University
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**THE GRADUATE SCHOOL
 CHANGE OF CONCENTRATION OR CATALOG FORM**

Purpose: This form is to be used when a student changes their catalog, or changes a concentration. The completed, signed form should be submitted directly to the Office of Records and Registration.

STUDENT ID NUMBER: _____ **HAVE YOU APPLIED FOR GRADUATION?** YES NO

NAME: _____
 LAST FIRST M.I.

CONTACT INFORMATION: EMAIL: _____ PHONE: _____

CHANGE OF CONCENTRATION:

DEGREE PROGRAM: _____

CURRENT CONCENTRATION: _____

CHANGED TO -OR- ADD

NEW CONCENTRATION: _____

CHANGE OF CATALOG:

Current Catalog: _____

New Catalog: _____

***NOTE:** A change in Degree Program requires a new Admissions Application through the Graduate School.

STUDENT SIGNATURE: _____ DATE: _____

AUTHORIZING SIGNATURE: (PROGRAM DIRECTOR) _____ DATE: _____

AUTHORIZING SIGNATURE: (REC & REG) _____ DATE: _____