



# TOURO UNIVERSITY

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## WORLDWIDE

### DECLARATION OR CHANGE OF ACADEMIC PROGRAM/CONCENTRATION

*(Choose One)*

DECLARATION OF PROGRAM/CONCENTRATION

CHANGE OF PROGRAM/CONCENTRATION

Last Name:

First Name:

ID#:

Phone:

Email Address:

**For DECLARATION of Program/Concentration Only**

Entry Term/Year:

Catalog Year:

Academic Program to be declared:

Academic Concentration to be declared:

Assigned Academic Advisor:

**For CHANGE of Program/Concentration Only**

I am changing my Academic Program from:

TO

I am changing my Academic Concentration from:

TO

Assigned Academic Advisor:

Student Signature

Date

Registrar Signature

Date

**For Office Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_