



TOURO UNIVERSITY

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:

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Student Signature

Date

Registrar Signature

Date

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