



Office of the East Falls University Registrar

Email: TJU_EF_Registrar@jefferson.edu

Declare/Change Concentration

Student Name: _____ Date: _____

Campus Key: _____

Student's Program: _____

Student's Program Director: _____

or

Student's Advisor: _____

Please check:

Declaring a Concentration in: _____

Changing to a Concentration in: _____

Plan of Study of 9 credits/3 courses in the subject area per planned semester:

Course Number 1	Course Number 2 (alternative)	Semester Planned (Fall 20, etc.)

Student Signature Date

Program Director or Advisor Signature Date

**A COPY OF THE SIGNED FORM MUST BE RETAINED IN THE STUDENT'S ADVISING FILE.
THE COMPLETED FORM SHOULD BE SENT TO EAST FALLS REGISTRAR'S OFFICE**

Thomas Jefferson University
Office of the East Falls University Registrar
4201 Henry Ave. Archer Hall
Philadelphia, PA 19144-5947
Fax: 215-951-2742
Email: TJU_EF_Registrar@jefferson.edu