Registrar's Office
Email: TJU_EF_Registrar@jefferson.edu

Student Name: _____ Date: _____

Campus Key: _____

Student's Program: _____

Student's Program Director (Name): _____
Or
Student's Advisor (Name): _____

Choose and fill in:

Declaring a Concentration: _____

Changing to a Concentration: _____

Plan of Study 9-12 credits or 3-4 courses in the subject area as planned (number of courses depends on major; refer to checksheet, program of study, or degree audit):

	Concentration Courses	Alternate Course(s)	Semester Planned (20xx)
1			
2			
3			
4			

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 THE REGISTRAR'S OFFICE

Thomas Jefferson University
Registrar's Office
4201 Henry Ave.
Tuttleman 102
Philadelphia PA 19144
Email: TJU_EF_Registrar@jefferson.edu