

Lincoln University



CHANGE OF CONCENTRATION

NOTE: A fee of \$70 applies to the second and further concentration change within the same program. The University administration will confirm the applicability of the fee* in each case.

PLEASE TYPE OR PRINT CLEARLY

1. STUDENT INFORMATION

Student ID: _____ Name: _____
Last First Middle

E-mail: _____@lincolnucsf.edu Phone: (____) _____

2. PROGRAM: CERT-UT BS BA MBA DBA

3. I am requesting Change of Concentration:

From: _____ To: _____ Semester / Year _____ / _____

I understand that the units I earned for my previous concentration may not be counted towards my degree completion. These units, however, will be counted as a criterion for my academic progress not exceeding the maximum of 54 units.

Student's Signature:/Print Name _____ Date: _____

***If the fee is required, please bring this form to the Accounting Office for the payment, and then bring the receipt and this form back to the Registrar's Office.**

THE UNIVERSITY USE ONLY

Registrar's Office:

Units Attempted: _____ Units Earned: _____ GPA: _____

\$70 fee applies: YES NO

Comments: _____

Approved: Registrar / Registrar's Assistant

Date