## LINCOLN UNIVERSITY

## DECLARE / 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:	@lincolnucasf.edu	Phone: ()	
2.	PROGRAM: ☐ BS	□ ва □ мв	A □ DBA	
3.	Declaration of Concentra	ition:		
4.	I am requesting Change of Concentration:			
	From:		То:	
	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:		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 U	SE ONLY	
Re	egistrar's Office:			
Un	its Attempted:	Units Earned:	GP	A:
\$7	0 fee applies: ☐ YES ☐	<b>I</b> NO		
Со	mments:			
	menual Desistes / Desiste	ar'a Assistant	Deta-	
ΑÞ	proved: Registrar / Registra	สา จ กออเอเสเเเ	Date	