



TEXAS TECH UNIVERSITY

College of Agricultural Sciences & Natural Resources™

CONCENTRATION CHANGE REQUEST

Date: _____

Student Name: _____

R Number: _____

Major: _____

The above named student has executed a Concentration Change

From: _____

To: _____

Student's Signature

Associate Dean

Send Original to Dean's Office

For Dean's Office Use:

Processed By: _____

Date: _____

Senior Audit on File: *Yes* *No*