

UT Martin
Graduate Studies

Change of major and/or concentration

Name Banner ID_____

Mailing address_____

City, state, zip_____

Telephone_____

I hereby declare my intent to complete the following program of study. I understand I must meet admission requirements for the major/concentration specified below.

Degree_____

Major_____

Concentration/Emphasis_____

Optional: select one Thesis Non-thesis Final Project

Student signature Date_____

Advisor signature Date_____

Coordinator signature Date_____

Return form to the Graduate Studies Office (310 Admin Bldg, Martin, TN 38238).