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.

Degree: _____

Major: _____

Concentration/Emphasis: _____

Optional (circle one): Thesis Non-thesis Final Project

_____
Student signature Date

_____
Advisor signature Date

_____
Coordinator signature Date

Return form to Office of Graduate Studies, 227 Administration Building, Martin, TN 38238.

Revised 10/2019