



CHANGE OF CONCENTRATION REQUEST FORM

NAME: (Last) _____ (First) _____ (M) _____

Home Address:

(Street) _____ (City) _____

(State) _____ (Zip) _____

Student ID Number: _____

NSU Email Address: _____

Phone Number: _____

Please select one of the following concentrations:

- Education Leadership (F872)
- Healthcare Education (F873)
- Higher Education (F874)
- Human Services Administration (F875)
- Instructional Leadership (F876)
- Instructional Tech & Distance Education (F877)
- Organizational Leadership (F878)
- Special Education (F879)
- Speech-Language Pathology (F880)

Student's Signature _____ Date _____

Please fax the form to the Admissions Department at 954-262-3910.

NOTE:
If you decide to change concentrations after already completing credit hours of your current concentration, these credit hours will be considered as your elective credits **unless** the credits are also part of the selected concentration that you have checked above.

Thank you.