



Office of the Registrar
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Graduate and Professional Studies ADD OR CHANGE OF CONCENTRATION

- You must have approval of the Graduate Program Director before submitting the form.
- Return this completed form to the Office of the Registrar.

Student Name: _____ **Student ID:** _____

Phone: _____

Email: _____

PROGRAM INFORMATION

Current Program: _____

Add: Concentration: _____

Remove: Concentration: _____

Replace Current Concentration: _____
with **new concentration:** _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

- I have read, understand, and agree to complete the requirements for earning this concentration.
- I understand that adding a concentration may require additional semesters to complete my degree.
- I understand I must maintain a minimum 3.00 cumulative grade point average (GPA).

Student Signature: _____ **Date:** _____

Authorization

To be completed by the Graduate Program Director

- The student and I have discussed and reviewed all the requirements for earning a concentration in this program.

Graduate Program Director Signature: _____ **Date:** _____