



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Intent to Double Concentrate

Student Name: _____ ID#: _____

E-mail: _____

Phone#: _____

Start Date (Fall/Spring): _____

Current Major/ Concentration: _____

Second Concentration: _____

Note: Students who wish to have two concentrations must be in good academic standing with the College. Double concentrations can only be done within the students' academic field.

Student Signature: _____ Date _____

Advisor/ Assistant Dean of Academic Affairs: _____ Date _____

Dean of International Academic Operations: _____ Date _____
(International Students Only)

Processed by Registrar: _____ Date _____