

**THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
DECLARATION/CHANGE OF CONCENTRATION**

Please email the completed form with all necessary signatures to The Graduate School at **gradschool@montclair.edu**.  
If you would like to bring it to us in person, we are located in The Nursing School/The Graduate School Building, 4th Floor,  
Montclair State University, Montclair, NJ 07043

If you wish to declare or change your concentration in the degree program you were admitted to, please complete this form and meet with the graduate program coordinator for the **new** concentration to obtain approval. Then return the completed form to the Graduate School.

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_ Student ID No. \_\_\_\_\_  
\_\_\_\_\_

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**NEW CONCENTRATION:**

Please indicate on the lines below, the degree program to which you were admitted, as well as the new concentration within that major.

**Please declare only ONE concentration.**

\_\_\_\_\_  
Name of Degree Program

\_\_\_\_\_  
Name of Concentration

**\*\* MBA students:** Please note MBA students may declare two concentrations under the Master of Business Administration. If you would like to add a concentration please indicate below:

\_\_\_\_\_  
Name of Concentration 1 (MBA STUDENTS ONLY)

\_\_\_\_\_  
Name of Concentration 2 (MBA STUDENTS ONLY)

I formally declare a concentration to be added to my master degree program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Coordinator Signature

\_\_\_\_\_  
Date

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**The Graduate School Use Only**

\_\_\_ Approved \_\_\_ Denied ( \_\_\_\_\_ Comments)

\_\_\_\_\_  
TGS Academic Services Signature

\_\_\_\_\_  
Date

Distribution: Student, Program Coordinator