

## HISTORY MAJOR CONCENTRATION Registration Form

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Student No. \_\_\_\_\_  
(Please Print)

Expected Graduation Date: \_\_\_\_\_

History Chairperson's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

Courses (HIS #) to be Counted Toward Concentration:

- |    |       |                       |
|----|-------|-----------------------|
| 1) | _____ | Semester Taken: _____ |
| 2) | _____ | Semester Taken: _____ |
| 3) | _____ | Semester Taken: _____ |
| 4) | _____ | Semester Taken: _____ |

Please **print** your name as it is to appear on your History Concentration Certificate:

\_\_\_\_\_

History Concentration certificates are issued within two weeks of graduation. Please indicate below the address where your concentration certificate can be sent to you. *If you have a change of address before graduation, please notify the History department.*

Address: \_\_\_\_\_

\_\_\_\_\_