

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Request to Change Ed.D. Concentration Form

Candidate Information:

Name: _____ DePaul ID# _____

Phone: _____ Work Phone: _____

E-mail: _____

FORMER CONCENTRATION: CS ECE EL

NEW CONCENTRATION: CS ECE EL

Signature of Academic Advisor: _____ **Date:** _____

Signature of Former Concentration Director: _____ **Date:** _____

Signature of New Concentration Director: _____ **Date:** _____

Signature of Student: _____ **Date:** _____

Please attach a copy of your revised advising sheet to this form, and submit it to the Ed.D. Program Office. This form will be filed in the candidate's permanent file when completed.