

**UNDERGRADUATE CHANGE OF CONCENTRATION REQUEST
DEPARTMENT OF PHYSICS**

Family Name: Zemouri Concordia I.D. Number: 40112095
Given Name: Rami Home Telephone Number: +1 (438) 346-1005
E-Mail Address: ramizemouri@gmail.com Date of Birth: 28-12-01
dd-mm-yy

PLEASE NOTE THAT IF YOU ARE CHANGING DEGREES (e.g., BA to BSc), YOU DO NOT COMPLETE THIS FORM. YOU MUST GO TO STUDENT SERVICES (LB-185) AND REQUEST AN APPLICATION FOR DEGREE TRANSFER FORM.

I wish to make the following change to my concentration:

CURRENTLY ENROLLED IN:

Type of concentration: Please mark the appropriate box.

☒ Specialization ☐ Major ☐ Minor ☐ Honours

Area of concentration: Physics
(e.g. Biochemistry, Psychology, etc.)

COMPLETE CHANGE OF PROGRAM CHOICE:

(i.e., replace original program with one of the following)

Type of concentration: Please mark the appropriate box.

☐ Specialization in physics ☐ Major in physics ☒ Honours in physics

Area of specialization: Please mark the appropriate box.

☒ Option A: Physics ☐ Option B: Biophysics

STUDENT'S SIGNATURE: Rami

EFFECTIVE DATE OF CHANGE: (e.g., Summer, Fall, Winter) _____

DATE: _____

PHYSICS ADVISOR APPROVAL: _____