

International Technological University

2711 North First Street - San Jose, CA 95134 Phone (888) 488-4968 www.itu.edu

Master of Science Software Engineering REQUEST TO DECLARE OR CHANGE DEGREE CONCENTRATION

ITU requires that this form be submitted before the completion of 19 credit hours in order to declare or change your concentration. You must completely fill out and submit this form to your Academic Advisor before the 1st day of the following trimester.

Name:			Student ID:	
Last	First	Middle		
Email:			Telephone:	
Change Effective:				
Trimester: □ Fall □ Spring	□ Summer	Year:		
Current Concentration:				
New Concentration (Please sele	ct one):			
☐ Information and Cyber Security		Computer Science		
By signing this form, I acknowledge be permitted to change back after co-concentration requirements, I unders concentration. Furthermore, I acknowly transcript.	mpletion of 19 cre tand that I will gra	edit hours once I have subaduate with a Master of S	bmitted this form. If I described by Software Engineering d	do not fulfill the legree with no
Student Signature:	Signature: Date:			
For Office Use Only:				_
☐ Approved ☐ Denied Comme	nts:			
Academic Advisor (Print Name)		Signature		Date Approved
Office of the University Registrar (P	rint Name)	Signature		Date Processed

Global Development Through Silicon Valley Education

A WASC Accredited Institution