

**FOR OFFICIAL USE ONLY**

Effective Date:

Petition:

**University Registrar’s Office *●* Room I317 Level 03 Building I *●* 024-7108-9779 (Ext: 9004)**

**Template 3. UNDERGRADUATE DECLARATION OF CONCENTRATION/MINOR FORM**

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**INSTRUCTIONS**

*Approval of IDCM requests will be effective the following semester*

***Please complete the following:***

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| --- |
| Name: Student ID#:  |
| Email: Telephone:  |
| Primary Advisor: Current Faculty/College:  |
| Cum GPA: New Concentration/Minor: |
| Secondary Advisor: Faculty/College:  *(if any)*  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Code** | **Course Title of new Minor/Concentration** | **Semester** | **Credits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **Total:** … |

**Commitment between the Student & Faculty/College**

By signing this document, the student and Faculty/College certify that they have approved the student’s IDCM proposal and study plan. The Faculty/College will adhere to all arrangements and instruct the student to achieve the learning objectives. The student agrees to abide by all VinUniversity Academic Regulations for Undergraduate Students and Faculty/College’s related Regulations. The Faculty/College certifies that the educational components listed are consistent with its course catalog or as otherwise agreed upon and should be accessible to the student. The Student and Faculty/College will communicate with one another in the event of any difficulties or changes to the study program, responsible persons, or study period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Student* |  |  |
| Faculty/College |  |  |  |  |  |