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Brandeis University  
The Heller School for Social Policy and Management  
**Change of Concentration Form**

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

**Name:** \_\_\_\_\_ **STUDENT ID#:** 2 \_\_\_\_\_

**Program(s):** \_\_\_\_\_

I would like to change my concentration from \_\_\_\_\_  
to \_\_\_\_\_. I have spoken with and received the  
approval of my new Concentration Chair whose signature is below.

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**Signature of Student**

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**Signature of New Concentration Chair**

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**Signature of Program Director**

**Please email to:** Welby Gonzalez, Assistant Director  
Academic Affairs and Student Experience  
[wgonzalez@brandeis.edu](mailto:wgonzalez@brandeis.edu)

For Office Use Only:

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Signature of Asst. Dir., Academic Affairs and Student Experience

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Date