

BA Program Change of Concentration

**ANTIOCH
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Santa Barbara, CA 93101
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Student Name: _____ Student ID#: _____

Current Concentration: _____

New Concentration: _____

*Second Concentration: _____

Advisor Signature: _____ Date: _____

Advisor – please attach updated transcripts to completed form or check the box if there are no applicable transfer units. _____

[Return to studentservices.ausb@antioch.edu](mailto:studentservices.ausb@antioch.edu)

*No more than 12.0 units may overlap between concentrations.