



**MS- COMPUTER SCIENCE - CHANGE OF CONCENTRATION REQUEST**

**STUDENT INFORMATION**

Name

Student ID

Email Address

Telephone Number

Computer Science students requesting a change of concentration will require approval from the Computer Science Department and Associate Dean of the College of Sciences. The deadlines to request the change of concentration are:

Fall term – August 1

Spring term – January 1

Summer term – May 1

\* If your request is submitted after the applicable deadline, it will be considered for the subsequent semester.

If your request is not approved, your record will remain as the current program.

If you have any questions about this request, please contact the following:

- Graduate Advisor of Record for the Department of Computer Science – [gar@cs.utsa.edu](mailto:gar@cs.utsa.edu) or call (210) 458-4436

- Graduate School at [GraduateAdmissions@utsa.edu](mailto:GraduateAdmissions@utsa.edu) or call (210) 458-4330

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|---|---|
| <p><b>Current Concentration (Select program(s) from list):</b></p> <p><input type="checkbox"/> Computer &amp; Information Security</p> <p><input type="checkbox"/> Software Engineering</p> <p><input type="checkbox"/> Both Concentrations</p> <p><input type="checkbox"/> None listed</p> | <p><b>New Concentration Request (Select program(s) from list):</b></p> <p><input type="checkbox"/> Computer &amp; Information Security</p> <p><input type="checkbox"/> Software Engineering</p> <p><input type="checkbox"/> Both Concentrations</p> <p><input type="checkbox"/> None listed</p> |
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**Note:** If approved, I acknowledge my catalog term will be changed to the approved term of the concentration change.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**APPROVALS**

Print Name: \_\_\_\_\_

Computer Science Graduate Advisor

\_\_\_\_\_  
Date

Approve  Disapprove

Print Name: \_\_\_\_\_

Associate Dean for College of Science

\_\_\_\_\_  
Date

Approve  Disapprove

**GRADUATE ADMISSIONS STAFF ONLY**

Updated in Banner by: \_\_\_\_\_

Graduate Admissions Staff

\_\_\_\_\_  
Date