

Concentration Declaration Request

Note: This form is only for current College of Science and Health graduate students in the **Chemistry – Non-thesis Track, Applied Mathematics, Applied Statistics, Environmental Science, DNP, and RN to MS (MS)**, programs. Students in these programs are required to declare a concentration.

Directions: Please enter the information below, sign the form, and return it via email to CSHAdvising@depaul.edu – Attn: Associate Director of Graduate Student Services or deliver it in person to McGowan South, Suite 400. Please email any questions to CSHAdvising@depaul.edu or call 773-325-8490.

Name:	ID Number:
Email:	
Department of Chemistry:	
M.S. in Chemistry – Non-thesis Track:	
<input type="checkbox"/> Analytical/Physical Chemistry	<input type="checkbox"/> Standard
<input type="checkbox"/> Biochemistry/Medicinal Chemistry	<input type="checkbox"/> Synthetic Chemistry
Department of Environmental Science & Studies	
M.S. in Environmental Science	
<input type="checkbox"/> Professional Track	<input type="checkbox"/> Thesis
Department of Mathematics	
M.S. in Applied Mathematics:	M.S. in Applied Statistics:
<input type="checkbox"/> Actuarial Science	<input type="checkbox"/> Biostatistics
<input type="checkbox"/> Applied and Computational Mathematics	<input type="checkbox"/> Data Science
<input type="checkbox"/> Mathematical Finance	<input type="checkbox"/> General Applied Statistics
<input type="checkbox"/> Statistics	
Department of Nursing	
Doctor of Nursing Practice	
<input type="checkbox"/> Adult- Gerontological Nurse Practitioner	<input type="checkbox"/> DNP Completion- Nurse Anesthetist
<input type="checkbox"/> DNP Completion- Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife	<input type="checkbox"/> Family Nurse Practitioner
<input type="checkbox"/> Nurse Anesthetist	
RN to MS (M.S.)	
<input type="checkbox"/> Nursing Education	<input type="checkbox"/> Nursing Administration
<input type="checkbox"/> Family Nurse Practitioner	<input type="checkbox"/> Adult-Gerontological Nurse Practitioner
Student Signature:	Date: