

**DEPARTMENT OF ART AND ART HISTORY
BFA DEGREE CONCENTRATION DECLARATION FORM**

NAME: _____ DATE _____

PEOPLESOFT ID: _____ CATALOG YEAR: _____

PHONE NUMBER: _____ EMAIL: _____

BFA CONCENTRATIONS:

- GRAPHIC DESIGN (*portfolio review required*)
- ILLUSTRATION / ANIMATION
- INDIVIDUALIZED (*signed/approved proposal required*)
- PAINTING / DRAWING
- PHOTOGRAPHY / VIDEO
- PRINTMAKING
- SCULPTURE / CERAMICS

CHANGE CONCENTRATION FROM: _____

CHANGE CONCENTRATION TO: _____

SIGNATURES:

CURRENT ADVISOR NAME: _____

CURRENT ADVISOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

PLEASE RETURN COMPLETED FORMS TO THE ART OFFICE

ART@UCONN.EDU

DEPARTMENT OF ART AND ART HISTORY

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STORRS, CT 06269