

Submit to Student Services in 114 Hinds Hall

School of Information Studies
Declaration of Concentration:

Please Print Clearly.

Date:

Name:

_____	_____	_____
Last Name	First Name	Middle Initial

SU ID#:

E-mail Address:

Local Phone Number:

Concentration:

Completed Concentration Classes:

Grade (if completed):

FOR OFFICE USE ONLY:

I wish to drop my previously declared Concentration in: _____