

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
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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: _____