

**Change of Concentration Request Form
and/or
Change of Advisor Request Form**
DEPARTMENT OF BUSINESS ADMINISTRATION

Name: _____

SSU ID# (not SSN): _____

Address: _____

Phone#: _____

City/State/Zip: _____

Email: _____ @sonoma.edu

I wish to ADD the following concentration:

Accounting

Marketing

Finance

Wine Business Strategies

Financial Management

Special (requires prior approval from advisor)

Management

Comments: _____

CHECK HERE IF THIS IS A SECOND CONCENTRATION!

I wish to DROP the following concentration:

I request to have my faculty advisor changed.

Name of current faculty advisor _____.

Requested NEW faculty advisor _____.

New Faculty Advisor Signature

Date

Student Signature

Date

OFFICE USE ONLY:

Approved

Denied

Deferred: _____

New Faculty Advisor(s) if applicable: _____

Entered by: _____
 Initials Date