

# Change of Concentration Request Form

DEPARTMENT OF BUSINESS ADMINISTRATION

Name: \_\_\_\_\_

SSU ID# (not SSN!): \_\_\_\_\_

Local Phone#: \_\_\_\_\_

Catalog Year: \_\_\_\_\_

Address: \_\_\_\_\_

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 (indicate track)

Comments: \_\_\_\_\_

\_\_\_ General

\_\_\_ Human Resource Management

\_\_\_ International

\_\_\_ Small Business

***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