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LeBow COLLEGE OF BUSINESS

DECLARATION OF AREA(S) OF CONCENTRATION

Student Name:	Student ID#:
Daytime Phone:	Email:
Type of Request: <input type="checkbox"/> First time declaration <input type="checkbox"/> Change of declaration	
Area (s) of Concentration: <input type="checkbox"/> Single Area of Concentration <input type="checkbox"/> Dual Area of Concentration <input type="checkbox"/> General MBA (15 credits in 5 distinct academic disciplines)	
<p style="text-align: center;">Area of Concentration #1:</p> <input type="checkbox"/> Accounting <input type="checkbox"/> Economics <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Financial Management <input type="checkbox"/> International Business <input type="checkbox"/> Investment Management <input type="checkbox"/> Management Information Systems <input type="checkbox"/> Marketing <input type="checkbox"/> Organization Management <input type="checkbox"/> Production and Operations Management	<p style="text-align: center;">Area of Concentration #2:</p> <input type="checkbox"/> Accounting <input type="checkbox"/> Economics <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Financial Management <input type="checkbox"/> International Business <input type="checkbox"/> Investment Management <input type="checkbox"/> Management Information Systems <input type="checkbox"/> Marketing <input type="checkbox"/> Organization Management <input type="checkbox"/> Production and Operations Management

Student Signature: _____

Date: _____

Administrative section – student should not write in the below section:

Academic Advisor Signature: _____

Date: _____

Notes: