

S U F F O L K  
U N I V E R S I T Y  
SAWYER BUSINESS SCHOOL

**Declaration of Concentration Form  
MBA Programs**

**Instructions:**

Complete the form and:

**Fax to** (617) 573-8653, or **mail to:** 8 Ashburton Place S8, Boston, MA 02108 or **bring to** the MBA Programs Office, 73 Tremont Street, 12<sup>th</sup> floor.

Date: \_\_\_\_\_

Student ID# \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Suffolk Email Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Business Phone:** ( ) \_\_\_\_\_

Choose your current campus:

**Boston**

**Cape Cod**

**Dean**

**North Andover**

**Online**

Please indicate the name of the concentration you wish to declare:

**Concentration:** \_\_\_\_\_

MBA Program Director's Approval \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office use only:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Start Term: \_\_\_\_\_