

(please print clearly)

ELECTION OF UNDERGRADUATE CONCENTRATION

Last Name		First Name	Cornell ID
Telephone # (area code) xxx - xxx	xx	Expected Graduation Date (month/year)	Current Term (spring, summer, fall)
(please put an X in front of one)			
SERVICES MA OPERAT MANAGEI	IONS	FINANCE, ACCOUNTING & REAL ESTATE*	HOSPITALITY LEADERSHIP*
*NOTE: Specific focus *NOTE: Focus areas a		etermined by the concentration adviso ements can be viewed	or and the student.
		I.edu/academics/ugrad/concentrations	<u>s/</u>
(to be completed with Faculty Sp	ponsor)		
		ELECTED CONCENTRATION:	
	TO FULFILL E		tration Advisor Name (printed)
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Office of Student Services 180 Statler Hall Ithaca, NY 14853

Updated 7/2017