

## ELECTION OF UNDERGRADUATE CONCENTRATION

(please print clearly)			
Last Name	First Name		Cornell ID
Telephone # (area code) xxx - xxxx	Expected Graduation Date (month/year)		Current Term (spring, summer, fall)
(please put an X in front of one)			
SERVICES MARKETING OPERATIONS MANAGEMENT*	G & FINANCE, ACCOUNTIN	1G &	HOSPITALITY LEADERSHIP*
*NOTE: Focus areas and class	to be determined by the concentration requirements can be viewed cornell.edu/academics/ugrad/concentr		d the student.
(to be completed with Faculty Sponsor)		<u>ations</u>	
*minimum of 12 credits required, core	LFILL ELECTED CONCENTRATION: courses do not count*	oncentration	Advisor Name (printed)
,	, . Total	Credits	
Faculty Sponsor's Signature:			
r acuity oponsor's dignature.			Date
	e this elected concentration appear on my of my graduating semester and attain a mon coursework.	•	
I still must take the required cred	within the concentration are taken outside lits of upper-level electives in HADM to al concentration (which I must declare by	fulfill degree	e requirements.
Student Signature:			<u> </u>
		NetID	Today's Date
Official Use Only Process	sed by:	Date:	