



Boston University School of Hospitality Administration
Student Services

SHA CONCENTRATION DECLARATION/CHANGE FORM

DATE: _____

STUDENT NAME: _____

UID: _____

1. I wish to declare my CONCENTRATION in:
 - a. Hospitality Marketing
 - b. Event Management
 - c. Hospitality Real Estate Development

2. I wish to change/delete my CONCENTRATION (*circle the action to be taken and specify the subject area to be changed or deleted*):

APPROVAL INFORMATION:

Student Signature: _____

Expected Date of Graduation: _____

Return this completed form to the SHA Director, Student Services Office, 928 Commonwealth Avenue, Room 306.

For SHA Director: Date change entered into UIS: _____