

Special Concentration Study Plan

Department of Business Administration

Use this form to request a special concentration in business administration. Students must meet with the Special Concentration advisor to review the plan. If approved the advisor will route to the area chair, and then the chair will submit the signed form to sbe.undergrad@sonoma.edu for processing. Students will be notified by a member of the SBE staff when the form has been processed. Please note that it may take up to two weeks for the required Special Concentration courses to appear on the student’s Academic Requirements Report (ARR).

Student Name: _____ SSU ID #: _____

Student [@sonoma.edu](mailto:_____@sonoma.edu) Email: _____ Phone #: _____

THE SPECIAL CONCENTRATION STUDY PLAN MUST CONSIST OF AT LEAST 5 CLASSES FOR A MINIMUM OF 15 UNITS IN THE CONCENTRATION.

A TOTAL OF 55 UNITS IN THE MAJOR IS STILL REQUIRED.

PROPOSED COURSEWORK:

SSU COURSE (e.g., BUS 462)	TRANSFER COURSE (If not taken at SSU)	INSTITUTION (If not taken at SSU)	TITLE	UNITS

I, _____, understand that at least 10 of the units in the concentration must be completed at SSU and that the B.S. degree, when awarded, will have no concentration indicated next to the Business Administration major.

Student Signature

Date

I have advised this student and approve this request for a special concentration study plan.

Special Concentration Advisor Signature

Date

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Special Concentration Area Chair approval required. Chair will email completed form to sbe.undergrad@sonoma.edu.

Department Chair Signature

Date