



Soka University of America
1 University Drive
Aliso Viejo, CA 92656

Concentration Declaration Form

1. Please supply all the information requested.
2. Return the completed form with the signatures of your Advisor and Concentration Coordinator to the Office of the Registrar.

Student ID Number	Name of Student	Date

Name of Student's Advisor	Student Signature

I am declaring my concentration in _____

Advisor Signature	Date

Concentration Coordinator Signature	Date

For Office of Registrar Use Only

Input Date: _____