

## **DECLARATION OF CONCENTRATION**

**BUSINESS ADMINISTRATION – GENERAL MANAGEMENT** 

This form is for students who are currently enroled in the Bachelor of Business Administration – General Management program.

STUDENT INFORMATION					
Last/Family Name:		First Name:		Middle Name:	
MRU Student ID:		Date of Birth: Day	Month	Year	
MRU Email:		Phone (cell):		Phone (home):	
INDICATE INTENDED CONCENT	TRATION				
Innovation and Entrepreneurship					
Social Innovation					
Note: Double concentrations are not permi	tted.				
Freedom of Information and Protection of Privacy: of Privacy Act in the Province of Alberta. This information and in compliance with data sharing agreements with the Questions can also be directed to the Office of the Regis	on will be used for academic adn ne Students Association of Moun	ninistration, the administration It Royal. Further information is	n of Mount Royal support serv available in the Mount Royal	vices, scholarship and financial aid	
STUDENT SIGNATURE:				DATE:	
RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR.					
OFFICE USE ONLY				DATE RECEIVE	D:
Approved Not approved	☐ N/A Initial:	Date:			
Record updated	Initial:	Date:			
Email notification sent	Initial:	Date:			