

Instructions:

Complete this form and return it to the MBA Programs Office by:

Email: mba@suffolk.edu

Adobe Acrobat will only allow you to save a blank form. To save and store a completed form, go to **File and select **Print**. A 'Print' dialog box will appear. Select **Adobe PDF** from the 'Name' (PC) or 'Printer' (Apple) drop down box and click **OK** (PC) or **Print** (Apple). A 'Save As' dialog box will appear. Follow the save options as you would save any file.*

Fax: 617.573.8704

Mail: 8 Ashburton Place S8
Boston, MA 02108

Walk-In: 73 Tremont Street, 12th Floor
Boston, MA 02108
Monday–Friday, 8:45am–4:45pm

Date: _____

Student ID #: _____

Personal:

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Home Phone: () _____

Business Phone: () _____

Choose your current campus:

- Boston
- North Campus
- Online

Please indicate the name of the concentration you wish to declare:

Concentration: _____

MBA Program Director's Approval: _____

Date: _____

****Registrar Office Use ONLY****

Completed by: _____

Date: _____

Start Term: _____