

Office of the Registrar 1419 Salt Springs Rd Syracuse, NY 13214 (315) 445- 4456

ENGLISH MAJOR: CONCENTRATION FORM

Name:		Student #:
(Last)	(First)	(MI)
Class Year:	-	
I will be declaring the following specific requirements. Please cl		Please see the Le Moyne college catalog for
☐ Literature Concentration	1	
☐ Creative Writing Concer	ntration	
☐ I will be seeking Teache	er Certification*	
*Please	note that the Teacher Certific completion of the Educa	
☐ I would like to DROP m	y current English concentra	tion in:
		
Student's Signature:		Date: