

Inter American University of Puerto Rico Campus Guayama Admissions Office

DECLARATION OF CONCENTRATION FOR NEW STUDENTS

Please complete in prin	t and return to t	he Admissions	Office.	
Last Name	st Name Second Last N		Name	Initial
Identification Number		Concer	ntration Code (see table	on the back)
I declare that my conce	entration is:			
Bachelor	Associate	Tec	hnical Certificate _	Masters
Student's Signature		Date		
IMPORTANT NOTE: Be sure to declare conc If your academic interest of the Director	est is not withir	the offer of	the Campus, you incentrations must b	must move the
EXCLUSIVE USE OF	THE ADMISSIO	N OFFICE		
Processed in system:				
Date:				_
Signature of the Directo	or or Technician			