



## Declaration of M.A. Concentration

10497 Wilshire Blvd., Los Angeles, CA 90024 • (909) 447-2502 • [cstregistrar@cst.edu](mailto:cstregistrar@cst.edu)

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**Submit completed form to the Office of the Registrar before completion of 15 units of coursework.**

**Student's ID #:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Concentration:** \_\_\_\_\_

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### Students in Interdisciplinary/Comparative Studies

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List below the fields you will be integrating. One field must be religious in nature.

\_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please submit form to [cstregistrar@cst.edu](mailto:cstregistrar@cst.edu) upon completion.*