

Area of Concentration Declaration Form

Once you have completed this 2 page form, please return it, in person, to the Registrar's Office in Center Hall, Room 115.

Name _____ Class Year _____ Date _____

Major _____ Minor _____

Which Area of Concentration will you study?

___ Gender Studies

___ International Studies

 ___ Europe Focus

 ___ Latin America Focus

___ Multicultural American Studies

___ Arranged Area of Concentration entitled _____

For an Arranged Area of Concentration, list the Ad Hoc Committee Members below. The Committee must consist of 3 or more faculty from 2 departments.

FACULTY MEMBER

DEPARTMENT

(Chair)

Area of Concentration Courses:

The Area of Concentration consists of 5 to 8 course credits from at least two departments.

NOTE: Major or Minor courses CANNOT be counted toward an Area of Concentration.

NAME OF COURSE

SEMESTER/YEAR TAKEN

AMOUNT OF CREDIT

(OVER)

RATIONALE FOR CONCENTRATION:

1) How will this Area of Concentration serve your personal, educational and potential career goals?

2) How do the proposed courses fit together to accomplish these goals?

3) How will the Area of Concentration be assessed? (Such as relevant capstone course, portfolio of student work, independent study at an advanced level, reflective essay etc.)

Program Approval:

Student's Signature _____ Date _____

AOC Committee Chair Signature _____ Date _____

Advisor's Signature _____ Date _____

Registrar's Signature _____ Date _____

Program Completion:

Student's Signature _____ Date _____

AOC Committee Chair Signature _____ Date _____

Registrar's Signature _____ Date _____