Request for a Concentration

Heads of graduate programs may request that one or more concentration(s) be established within their majors, to allow a specialized area of graduate study to be reflected on a student's final transcript.

Graduate Program (Major) __________________________________________ Major Code ______

Title of Concentration __________________________________________

Effective Session: ______ Fall ______ Spring ______ Summer Academic year: 201 ____ - 201 ____

Degrees to which this concentration applies:

_________ Master of Science
_________ Master of Arts
_________ Doctor of Philosophy
_________ Other ______________________

Campus(s) at which this concentration applies:

_________ Calumet
_________ Fort Wayne
_________ Indianapolis
_________ North Central
_________ West Lafayette

Justification: Please address the following topics (in order) when requesting a concentration: (Attach additional sheets as necessary.)

- Statement of the mission of the proposed concentration including, but not limited to, the need for the concentration, the target audience, the relationship to the major under which the concentration will be listed, and the relationship to other concentrations in the degree program
- Focus of the research or professional program
- Participating faculty, including name, academic rank, and departmental affiliation
- Currently enrolled or expected number of students
- Core courses and a description of how they fit into and support the degree program. List only the courses required for this concentration.
- Learning outcomes (e.g., unique knowledge or abilities, capacity to identify and conduct original research, ability to communicate to peer audiences, critical thinking and problem-solving skills, etc.).

Recommended by: __________________________ Date: __________

Head of the Graduate Program

Graduate School Dean (West Lafayette) Date: __________

Academic Dean Date: __________

Concentration Code ______ ______ ______

(To be assigned by the Office of the Registrar if this request is for a new concentration)

Additional Authorizing Signature (if applicable) Date: __________

Contact person (& e-mail address) for questions regarding form

Please submit this form to the Graduate School, PWL. An approved copy will be returned to the department and academic college/school at the campus recommending the request.