SENIOR CONCENTRATION FORM

DATE:

Last Name	First Name	Class	WESID	Box #	Phone	#
Major:		Advisor:				
Additional major(s):						
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ntroductory course(s) &	<pre>% grade(s): The courses I am using to:</pre>					
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Dept. & CID	Course	e mie		rea	ar taken	Crean
				Т	otal:	
record of my major prog PROGRAM MUST BE AF	that this is the official University gram. ANY CHANGES IN THIS PPROVED BY MY MAJOR ADVISO ST BE SUBMITTED TO THE DEAN	of a DR requ	or Advisor: The Il courses listed airements for the for the departs	l above fulfills ne B.A. I am a	departme	ental
Student's signature/date			Major Advisor's signature/date			

The Concentration Requirement

This graduation requirement may be met by completing a departmental major, an interdepartmental major, or a collegiate program. The concentration/major is an integrated program of advanced study approved by the major department. It consists of a minimum of eight course credits numbered 201 or higher. No more than four course credits from other departments may be used to fulfill major requirements.

For information about **oversubscription** in a department, please see the academic regulations in the $Student\ Handbook$ or on the Web and consult your credit analysis.