

**Mount St. Mary's University**

**Application for Area of Concentration within the Major**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Class: \_\_\_\_\_

Concentration: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Form is to be sent to the Associate Provost Office, 223 Bradley

**Required Courses**

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<b>Projected Schedule of Courses for Area of Concentration</b>			
<b>Fall</b>		<b>Spring</b>	
<b>Course</b>	<b>Credit</b>	<b>Course</b>	<b>Credit</b>
<b>Total Fall Credits</b>		<b>Total Spring Credits</b>	
<b>Summer</b>			
<b>Fall</b>		<b>Spring</b>	
<b>Course</b>	<b>Credit</b>	<b>Course</b>	<b>Credit</b>
<b>Total Fall Credits</b>		<b>Total Spring Credits</b>	

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**Advisor Signature** **Date**

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**Department Chair Signature** **Date**

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**Associate Provost Signature** **Date**