Graduate School Form 25

(Revised 01/15)

☐ **Request for New Concentration**

☐ **Request for Revision of Existing Concentration**

☐ **Request for Deletion of Existing Concentration**

PURDUE UNIVERSITY
GRADUATE SCHOOL

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 _____

Mode of Delivery (i.e.: Campus Based/ Distance-Online):

_____
_____
_____
_____

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:

_____ Head of the Graduate Program _____ Date

_____ Academic Dean _____ Date

_____ Additional Authorizing Signature (if applicable) _____ Date

Approved by:

_____ Graduate School Dean (West Lafayette) _____ Date

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

_____ 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.