APPLICATION FOR ACADEMIC CONCENTRATION

Return completed form and unofficial copy of your transcript to your concentration department.

Print name: (Last, First, Middle Initial): _____

Student number: _____ Email: _____ Phone # _____

Academic Concentration (fill in department): _____

1. Are you working on a transfer degree? _____Yes _____ No

2. If yes, which college or university is your transfer goal? _____

3. What will be your major there? _____

4. Please complete the chart below, listing the courses you plan to use for your concentration, which ones you have already completed (and the grade for those completed), and which, if any, you want to use to meet distribution requirements (maximum: one 5 or 6 credit course).

Department Courses for Concentration	Planned	Completed	# Credits	Grade	Distribution

5. Please list the basic skills (writing & quantitative) and distribution courses you have already completed.*

Department	Course & number	Credits	Basic Skills/Distribution area (check one):			
			Writing/Quantitative	Humanities	Social sciences	Sciences

*A specific course may be used for no more than one distribution or skill area requirement.

The college makes no commitment that by completing the Concentration requirements at BC the student has met the pre-major requirements at a particular baccalaureate institution.

I acknowledge that to have an Academic Concentration placed on my permanent BC record I must fulfill all relevant requirements set by BC and the department in which I have my academic concentration. In addition, I agree to maintain satisfactory academic progress (2.0 GPA). I further agree to have the _____Department act as my advisor at BC.

_____ _____

Student's signature Date

_____ _____

Department Chair's signature Date

Department Chair should forward a signed copy to Evaluations/Graduation Office
Updated October 2009