



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: _____ Date: _____

Student's Phone #: _____ Student's Email address: _____

Academic Concentration (fill in department): _____

- Are you working on a transfer degree? _____ Yes _____ No.
- If yes, which college or university is your transfer goal? _____
- What will be your major there? _____
- Please complete the chart below, listing the course 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 |
|--------------------------------------|---------|-----------|----------|-------|--------------|
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- Please list the basic skills (writing & quantitative) and distribution courses you have already completed.*

| Dept. | Course No. | # of Credits | Basic Skills/Distribution area(check one): | | | |
|-------|------------|--------------|--|------------|-----------------|---------|
| | | | Writing/Quantitative | Humanities | Social Sciences | Science |
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*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 a 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 (2.0GPA). I further agree to have the _____ Department act as my advisor at BC.

Student's signature: _____ Date: _____

Department Chair's signature: _____ Date: _____