

- 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 \_\_\_\_\_

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:

Approved by:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ 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.**